S. Hrg. 101-287

# REAUTHORIZATION OF THE EDUCATION OF THE HANDICAPPED ACT DISCRETIONARY PROGRAMS

## HEARING

BEFORE THE

SUBCOMMITTEE ON THE HANDICAPPED

OF THE

COMMITTEE ON LABOR AND HUMAN RESOURCES

UNITED STATES SENATE

ONE HUNDRED FIRST CONGRESS

FIRST SESSION

ON

EXAMINING PROPOSED LEGISLATION AUTHORIZING FUNDS FOR DISCRETIONARY PROGRAMS OF THE EDUCATION OF THE HANDICAPPED ACT

APRIL 3, 1989

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# REAUTHORIZATION OF THE EDUCATION OF THE HANDICAPPED ACT DISCRETIONARY PROGRAMS

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MONDAY, APRIL 3, 1989

U.S. SENATE,
SUBCOMMITTEE ON THE HANDICAPPED OF THE COMMITTEE ON
LABOR AND HUMAN RESOURCES,
*Washington, DC.*

The subcommittee met, pursuant to notice, at 10:03 a.m., in room SD-430, Dirksen Senate Office Building, Hon. Tom Harkin (chairman of the subcommittee), presiding.

Present: Senators Harkin and Durenberger.

## OPENING STATEMENT OF SENATOR HARKIN

Senator HARKIN. The Subcommittee on the Handicapped of the Senate Labor and Human Resources Committee will come to order.

Today, the Subcommittee on the Handicapped is meeting to consider the reauthorization of the discretionary programs of the Education of the Handicapped Act.

Before we get started, I am very honored to welcome my good friend and esteemed colleague, Dave Durenberger, who joins the subcommittee as ranking member. While the Senator from Minnesota is new to the subcommittee, he is certainly no newcomer to the issues of disability.

His list of accomplishments on behalf of persons with disabilities is long and distinguished. Congress adopted his Equal Access to Voting Rights Act, legislation that guarantees persons with disabilities access to polling places. In both the 100th and now in the 101st Congress, he has introduced the Disabled Work Incentives Act to help persons with disabilities enter the workforce by allowing them to buy health insurance coverage through Medicare. I am pleased to say that I am a cosponsor of this important bill and I hope that we can get it through.

Senator Durenberger joined me in the 100th Congress in cosponsoring the Technology-Related Assistance For Individuals With Disabilities Act, and also was a cosponsor of the Americans With Disabilities Act. I am looking forward to having Senator Durenberger work with us on this subcommittee on the important issues that we have coming up this year.

The centerpiece of the Education of the Handicapped Act is Part B, otherwise known as Public Law 94-142. In 1975, by enacting this basic State grant program, we in Congress signaled our commitment to a free, appropriate public education for all children with disabilities by giving Part B a permanent authorization.

Today, we are here to consider the reauthorization of another important part of the Education of the Handicapped Act, the discretionary programs, Parts A through G. These are the programs that support research and demonstrations, personnel training, services for special populations, technical assistance and the dissemination of information—all of the things that are necessary to build capacity and keep our special education system on the cutting edge.

These discretionary programs have built an impressive record over the years, and some of them have been around a long time, dating back to the 1950's and 1960's. Their roles have changed through the years, and they will continue to change. This reauthorization process gives us the opportunity to take a good, hard look at these programs—to make sure they are doing what they were intended to do, and doing it effectively, efficiently, and with accountability. It also gives us a chance to see which programs have outlived their usefulness and which ones need new direction, and how we can best address the unmet needs of the system.

At today's hearing, we will first hear from representatives of the Department of Education. Then, our first panel of witnesses will address the question of how the discretionary programs are impacting special education services for children with disabilities. The second panel will consider some of the unmet needs of the special education system and how we might best use the discretionary programs to address those needs. Our third and final panel will look at how the discretionary programs could enhance the education of some populations of children with disabilities currently not being well served by the special education system.

So, on behalf of the subcommittee, I would like to welcome all of our witnesses here today and I would like to recognize our new ranking member, my friend from Minnesota, Senator Durenberger.

[The prepared statement of Senator Harkin follows:]

### PREPARED STATEMENT OF SENATOR HARKIN

Today the Subcommittee on the Handicapped is meeting to consider the reauthorization of the discretionary programs of the Education of the Handicapped Act.

But before we get started, I'm very honored to welcome my good friend and esteemed colleague, Dave Durenberger, who joins the subcommittee as ranking member. While the Senator from Minnesota is new to this subcommittee, he is certainly no newcomer to the issues of disability.

His list of accomplishments on behalf of persons with disabilities is long and distinguished. Congress adopted his Equal Access to Voting Rights Act—legislation that guarantees handicapped persons access to polling places. In both the 100th and new in the 101st Congress, he has introduced the Disabled Work Incentives Act to help persons with handicaps enter the workforce by allowing them to buy health insurance coverage through the Medicare system. I am pleased to say I am a cosponsor of this important bill. Senator Durenberger joined me in the 100th Congress in cosponsoring the Technology-Related Assistance For Individuals With Disabilities Act, and also was a cosponsor of the Americans With Disabilities Act. I'm certainly looking forward to having Senator Durenberger work with me on this subcommittee.

The centerpiece of EHA is Part B, otherwise known as P.L. 94-142. In 1975, by enacting this basic State grant program, we in Congress signaled our commitment to a free, appropriate public education for all handicapped children by giving Part B a permanent authorization.

Today we're here to consider the reauthorization of another important part of the Education of the Handicapped Act, the discretionary programs, Parts C through G. These are the programs that support research and demonstrations, personnel training, services for special populations, technical assistance and the dissemination of information—all of the things that are necessary to build capacity and keep our special education system on the cutting edge.

These discretionary programs have built an impressive record over the years, and some of them have been around a long time, dating back to the 1950's and 1960's. Their roles have changed through the years, and they will continue to change. This reauthorization process gives us the opportunity to take a good, hard look at these programs—to make sure they are doing what they were intended to do, and doing it effectively, efficiently and with accountability. It also gives us a chance to see which programs have outlived their usefulness and which ones need new direction, and how we can best address the unmet needs of the system.

As some of you know, I have another role—chairman of the Appropriations Subcommittee for Labor, Health and Human Services, Education and Related Agencies. In that role I have to look closely at a lot of worthy programs that are going to be competing for the same dollars. At the same time, I am committed to reducing the deficit. Now, we're spending about $170 million for the EHA discretionary programs. That may not seem like a lot compared to some other programs, but the bottom line is, we can't expect there to be significant increase for the discretionary programs. That makes it all the more imperative that we select our priorities carefully and that we make sure we are getting the most bang for the limited amount of funds we have for these discretionary programs.

The past two reauthorizations have added significant expansions to the EHA—enhancement of the preschool incentives in 1983, and further expansions of the preschool program as well as an entirely new Early Intervention program, Part H, in 1986. We have to be careful not to overburden the system by placing major new demands on State and local education agencies as they attempt to implement these important judicious changes needed to help ensure that these new programs, as well as the basic State grant program, can meet the mandate to serve handicapped children and their families. This is the important role of the discretionary programs.

At today's hearing, we will first hear from representatives of the Department of Education. Then, our first panel of witnesses will address the question of how the discretionary programs are impacting special education services for children with handicaps. The following panel will consider some of the unmet needs of the special education system and how we might best use the discretionary programs to address those needs. Our final panel will look at how the discretionary programs could enhance the education of some populations of children with handicaps currently not being well served by the special education system.

On behalf of the subcommittee, I would like to welcome all of our witnesses here today.

Senator **Durenberger**. Mr. Chairman, I thank you very much and I thank you for this opportunity to serve on this subcommittee with you. I look forward to this, and I appreciate very much this opportunity, not only of working with you, but sitting in Lowell Weicker's chair as the ranking member of the committee. I don't think there is an American that has accomplished as much, because he was so committed to these issues, than Lowell Weicker. I have more in my prepared statement to say about this, but I doubt if there is a person with disabilities in this country that does not place an extremely high value on at least one politician in this country, and that is the person whom I succeed on this side of the table.

I will assume that my full statement may be included in the record, Mr. Chairman.

I would like to welcome Norena Hale, who is not originally from Minnesota, but she sure does a job for Minnesota, at the Minnesota Department of Education. As you know, Mr. Chairman being from Iowa, you learn a lot from Minnesota, and you are going to learn a lot today from Norena.

In the period of time in which the other party, namely ours, had some responsibility as the majority in the Senate, we spent some time with the new President, then Ronald Reagan, trying to find national purposes. Usually, every President has something called New Federalism—President Bush has not gotten around to it yet, but President Reagan did fairly early in his term and I happened to be then the Chairman of the Intergovernmental Relations Subcommittee, and we worked together with the governors and others in this country trying to wrestle with what should be the role of the national government in many of these types of policies.

The thing that I remember from that, besides the lessons that we learned in frustration, I suppose, was that only the national government can meet the needs of people who are disadvantaged in one way or the other; the needs of those not being in what is often referred to as the majority in this country. We have learned so much about how to do that in the last 30 years in this country, that we now get a little bit confused about the fact that only the national government can do this, I think we are learning that other levels of government and individuals and the private sector can do a lot of those things well, too.

Whether it is the difference between States which are differently situated or communities differently situated or people differently situated, the backstop really is a national policy of commitment. And so I suppose, as I listen to the witnesses here today and as I try to help you do your job as Chairman of this subcommittee, I will be particularly attentive to how well we are carrying out that role, to be there for people who cannot depend on the State system or some other system in which competition between people for scarce resources usually works to the disadvantage of certain people in our society, and so, Mr. Chairman, this is the general direction from which I will approach these policy issues and seek to be as helpful as I can to represent our side of the narrow aisle here on these issues.

Senator **Harkin**. I appreciate that, and I want to join in your remarks regarding Senator Weicker. If you feel bad, think how I felt, I had to take over the chairmanship of this subcommittee from Lowell Weicker—talk about filling shoes. He is a great guy and he is sorely missed, but I know he is still active in this area and so I know that we will be hearing more from him in the future.

I also just want to again say that when he was Chairman of the subcommittee, I was not on it then, but I came on later. While I took over the chairmanship from him, it was a great working relationship. I cannot think of any area that really lends itself more to bipartisanship than the area of disability. There just is not a Republican and a Democratic line to be drawn here. There may be arguments on how far, how fast, how much this, how much that, but I do not see think in any kind of partisan terms, so I am sure we will have a great working relationship on both sides of the aisle on these issues, especially as we move ahead with the Americans With Disabilities Act this year. I know we are getting a lot of positive signals from the administration on that, too.

So, welcome to the subcommittee. It is a great subcommittee, with great people, and a great support group out around the United States.

Well, moving right ahead. Charles Kolb, Deputy Under Secretary for Planning, Budget and Evaluation, will be presenting the Department of Education's testimony. He is accompanied by Patricia Smith, who is the Acting Assistant Secretary for OSERS, and Carol Cichowski, Director of the Division of Special Education, Rehabilitation and Research Analysis.

Mr. Kolb, welcome to the subcommittee. If you would please summarize your statement in 5 to 7 minutes, we would appreciate it.

## STATEMENTS OF CHARLES E.M. KOLB, DEPUTY UNDER SECRETARY FOR PLANNING, BUDGET AND EVALUATION, U.S. DEPARTMENT OF EDUCATION; ACCOMPANIED BY PATRICIA SMITH, ACTING ASSISTANT SECRETARY, OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES; AND CAROL CICHOWSKI, DIRECTOR, DIVISION OF SPECIAL EDUCATION, REHABILITATION AND RESEARCH ANALYSIS, OFFICE OF PLANNING, BUDGET AND EVALUATION, U.S. DEPARTMENT OF EDUCATION

Mr. **Kolb**. Thank you very much, Mr. Chairman.

It is a pleasure to appear before this panel this morning. I am here today to express the Department of Education's full support for reauthorization of the discretionary programs provided for by the Education of the Handicapped Act. The programs you are considering for reauthorization have played an important role over the last decade in improving the quality of special education in this country.

There are many examples of the impact of the discretionary programs on the quality of special education. The development of early-childhood and pre-school programs is among the most dramatic of these examples. The experimental projects funded under the EHA demonstrated that early intervention minimizes the long-term effects of a child's disability and that pre-school programming is effective in preparing children with disabilities for success during the elementary school years. The experience gained through these experimental programs provided a strong basis for the eventual establishment of early-childhood and pre-school programs as important elements of special education services throughout the Nation.

In much the same way, funding through the discretionary programs has enabled the Department of Education to support experimentation aimed at improving the services available to secondary school-aged youth with disabilities in making the transition from school to work. The results of these experiments are receiving wide attention in the field of special education. Today, many school systems are aware of the importance of transition programming and are putting into practice models of transition services first developed by projects that were funded through the discretionary program.

The bill proposed by the Department of Education would continue the discretionary programs in their present form, with minor changes. The current legislation affords the Department broad authority in setting priorities for these programs. This flexibility has allowed us to respond quickly and comprehensively to existing and emerging needs in special education. The Department does not believe, therefore, that there is a need for major amendments to current authorizing language.

One amendment to current law that the Department is proposing would combine current sections 622 (services for deaf-blind children and youth) and 624 (programs for severely handicapped children). While continuing to ensure the provision of special education and related services for deaf-blind children and youth and transitional services for deaf-blind youth turning 22, the proposed change would provide a common base from which to address the needs of students with deaf-blindness and with other severe handicapping conditions.

Our experience at the State and local level has been that the capacity to provide quality services for students with deaf-blindness is inextricably linked to the capacity to provide quality services to low-incidence, multiply handicapped students with similar characteristics and complex service needs. Our data show that 83.4 percent of the students served by the deaf-blind projects have other handicapping conditions. Similarly, many of the students reported as multiply handicapped (other than deaf-blind) by the States have one or more sensory handicaps. Thus, the requirement that services, technical assistance, demonstration, and training activities be designed to focus solely on enhancing the quality of services to students with deaf-blindness has promoted the development and delivery of services within a separate delivery system. There is, in fact, now a dual service system at the State and local levels that is characterized by a lack of cost-effectiveness and integrated services for students with deaf-blindness.

The Department's bill also proposes to re-authorize through 1994 all programs that expire at the end of 1989. Extending these authorities for five years, instead of 3 years, would allow time to assess the impact of any changes in the programs before the next reauthorization.

Although the Department feels that, with minor exceptions, current statutory language should be re-authorized, there are some changes in program emphasis that are desirable. These changes can be accomplished through either regulatory changes or development of new program priorities.

For example, we are proposing to establish a new regulatory priority designed to improve pre-service preparation of and participation of minorities and other culturally diverse and under represented populations in the field of special education.

Historically, the Department has had limited success in addressing the recruitment and training of under represented populations, including minorities. However, the Department is committed to training more minority and culturally diverse special educators and to strengthening the teacher preparation programs, such as those at historically black colleges and universities, that serve under represented populations. The Department will also continue and expand its efforts to develop and disseminate information specifically designed to address the special education needs of minorities and culturally diverse populations such as children with limited English proficiency.

In conclusion, I want to reiterate the Department of Education's strong support for reauthorization of the Education of the Handicapped Act. The discretionary programs authorized under the Act have been a key element in improving the quality of special education. The EHA as currently written allows the Department great flexibility in designing priorities. Our ability to respond quickly to changing needs has been an important ingredient in the success of the discretionary programs, and we feel that only minor changes are necessary during this reauthorization.

Thank you very much, Mr. Chairman. We would be happy to respond to your questions.

Senator HARKIN. Thank you very much, Mr. Kolb, for that very concise and thorough summation of the Department's bill and recommendations. I have just a few questions I would like to ask for the record.

I understand that Madeleine Will has resigned, and that Tom Bellamy, the Director of the Office of Special Education Program, has been reassigned. Also, the Department does not have a presidentially appointed Commissioner of RSA, nor does it have an appointed Director of the National Institute on Disability and Rehabilitation Research. Do you have any information on when we are going to see these leadership positions filled; second, what progress is being made to fill other vacancies in OSERS? As you remember, this is a key issue that I raised in an October 1987 Oversight hearing. Do you have any idea when we are going to see these?

Mr. KOLB. Yes. As to your first question, the appointment of an Assistant Secretary, as you know, the Assistant Secretary for Special Education and Rehabilitative Services is a presidential appointee, and our expectation is that the announcement of that candidate will occur at some point within this month. When that announcement is made, Secretary Cavazos will act promptly to announce the selection of the positions, the people to fill the other positions that you mentioned, that serve under that Assistant Secretary.

Now, as to the question about long-term hiring in OSERS, I think the picture is actually an increasingly positive one. Starting back in 1987, when you first asked about this, the full-time employment staff in OSERS was 374. By 1988, it rose to 391, and as of March 12th of this year we have 407 individuals on board. In the last three weeks, two individuals have been selected, and there have been eight other postings for open positions, and those postings have closed. Once these positions are filled, that would bring our full-time equivalent up to 417, and that is just slightly below the ceiling of 425, so I think we have had significant progress. It has taken a while, but I think the results are encouraging.

Ms. SMITH. There would be one other additional piece of information, and that is when the political positions are filled, that would bring it almost to a full complement.

Senator HARKIN. With these appointees is what you are talking about?

Ms. SMITH. Yes, sir.

Senator HARKIN. Fine. On March 7th, I wrote a letter to the Secretary, expressing my deep concerns about the lack of regulations and staff to implement the technology assistance bill that we passed last year, that President Reagan signed——

Ms. Smith. In August.

Senator HARKIN [continuing]. In August, and yet as of March 7th, when I wrote this letter, we still have not had any regulations nor staff to implement the technology act that passed. I know that a number of States have already put together their programs and pulled together the people, the personnel, but there are no regulations on how to even apply for it yet. What is happening?

Ms. SMITH. OSERS drafted the regulations after several meetings with the Technology Task Force, to get input from all interested parties about the intention of the legislation and ways in which the program might work. Those proposed regulations were reviewed very carefully within the Department of Education, and they were forwarded to the Office of Management and Budget for clearance. OMB had a few minor questions which we have responded to, and we are hopeful that this document will be approved and it will be published within a few days.

In the meanwhile, my office——

Senator HARKIN. By the end of the week?

Ms. SMITH. I don't know how many days, I just know that it has gone out of our office, we have responded to questions and that is the final clearance, and there were very few questions that came and so that would indicate that it would be cleared rather quickly.

In the meanwhile, in regard to staffing of that, we have taken steps to assure that there is an orderly competition as soon as the regulations are published. With respect to the staff for this program, we have identified a person who has accepted the job to come in and staff that program, and it is noted that the person that is coming in as a full-time staff person is the one that we hired as a consultant to help draft the regulations, so she is coming in. She is just finishing the details of her life from her other job and will be coming in as soon as possible.

Senator HARKIN. These are the proposed regulations, the first ones that you are talking about coming out will be the proposed regulations?

Ms. SMITH. Yes, sir.

Senator HARKIN. What will the comment period be?

Mr. KOLB. I think it will be 30 days, so we are hoping to have final regulation by June.

Senator HARKIN. When will it be fully staffed? How much staff are you going to have to have for this?

Ms. SMITH. We are going to be one ~~staff~~ for it, along with the support staff from NIDRR.

Senator HARKIN. I see.

Ms. SMITH. They are carrying forth the work right now, but there will be one professional staff come on board for that.

Senator HARKIN. When will the technical assistance con-tract be let?

Ms. SMITH. All of that work is proposed to be done within this calendar year. I cannot tell you exactly, but everyone is ready to move on it as soon as those regs are done. It is anticipated that it will be done before the end of the year.

Senator HARKIN. The end of the calendar year?

Ms. SMITH. The fiscal year.

Senator HARKIN. The fiscal year.

Ms. SMITH. Which would be September 30th.

Senator HARKIN. Good. Public Law 99-457 was signed into law on October 8, 1986. Some two and a half years later, we still do not have final regulations implementing the early intervention program for handicapped infants and toddlers. What is the status of this and when can we expect final regulations?

Ms. SMITH. First of all, the response to the notice of proposed rulemaking for Part H was overwhelming. We had over 2,500 comments again, and there were very many good and substantive suggestions from many disciplines, from parents, from parties interested in the service for infants and toddlers. The general thrust of many of these comments was for more guidance in the regulations. So, taking these many suggestions and incorporating them into a cohesive set of regulations has been a very time-consuming process. We are completing our departmental review of the final regulation package and it is being forwarded to OMB. We expect to publish the final regs early this summer.

What that means is that that will be out in time for the fourth-year application and submission schedule. Let me just back up a minute. The initial 3-year task for the lead agencies under Part H were very clearly specified in the statute, and as a result of this we had requested applications from the States and awarded grants during these first 3 years on the basis of the statutory requirements.

The fourth-year requirements are much more complex. We have prepared the fourth-year application and are clearing it with the regulations, thus the lead agency should have both the regulations and the fourth-year submission ahead of the spring 1990 submission schedule for the fourth-year applications.

Senator **Harkin**. So you have those ready to go to OMB? The date you told me about is sometime this summer, is that what you said, Pat?

Mr. **Kolb**. This month, to go to OMB.

Ms. **Smith**. They are ready to go to OMB right now.

Senator **Harkin**. Right now.

Ms. **Smith**. And we expect to publish the final regulations early this summer.

Senator **Harkin**. By June.

Ms. **Smith**. Yes.

Senator **Harkin**. OK.

Ms. **Smith**. By early summer.

Senator **Harkin**. All right. Well, that is good information, by early summer, by June.

What special efforts are you making through the discretionary programs to meet the special needs of children with disabilities in rural areas? I have gotten more and more into disability legislation and watching how it filters down to the lower levels, and those of us from rural States find in many cases a lack of follow-through in smaller communities, especially through the discretionary programs. Well, they do not have the personnel that know how to apply, and there is not the critical mass there, and many different things.

I recognize that there are problems, and I just wonder what special efforts are being made to meet these rural area needs.

Ms. **Smith**. The personnel training program has conducted a competition for the last four years and have focused exclusively on rural special education. The grants awarded under this competition address needs and problems that have been identified in rural special education literature and from the field. It was required that the grants awarded in this competition be innovative and capable of being replicated in other States or in other universities or other schools of learning.

Over the past 4 years, the Division of Personnel Preparation has received 198 applications, of which 37 of them were awarded, for a total of $2,694,399. In the funding year of 1989, we have 66 applications, and it looks like we are going to be able to fund seven or eight of those applications, and those are, like I say, directly involved in rural special education.

In addition, the Division of Personnel Preparation has had other competitions in which they have funded 10 other applications per year that focus on rural special education, but they are not in the special education requirements of the rural competition, so that is just in addition to those funded in the rural competition.

Senator **Harkin**. What are you looking ahead to for the next year? Do you have any future kinds of plans that you are looking at, based upon these? These are mostly programs that have just been implemented.

Ms. **Smith**. Yes, and we would continue—as nearly as I know, there is a plan to continue the same rural competition, so that we keep filling those needs.

**Senator Harkin.** I have one last question. Your major recommendation for change in the discretionary programs is to combine the programs for the deaf-blind children with a program for children with severe disabilities. We have received written testimony from other that recommend not only that the programs be separate, but also that the separation be more clearly delineated.

They summed up their statements by saying the Office of Education is very incorrect in the contention that all children and youth with deaf-blindness can receive appropriate services designed for children and youth with severe disabilities. How would you respond to those statements?

**Mr. Kolb.** Mr. Chairman, I think this may be one of those instances where I think we all agree on what the outcome should be and what the needs are that should be met, but there may be some disagreement as to the delivery system.

Let me say that, as you probably know, this is probably not the first time that this has been proposed. But we think by combining the deaf-blind projects with the severely handicapped projects, that the result will be one which encourages services that are improved for both the deaf-blind and for those children with severe handicaps, and we think that this will occur because there will be a joint base from which their interrelated needs can be addressed.

Since 1968, over 20 years, there has been a separate authorization that has been maintained for deaf-blind projects, and we think that over this 21-year period of time that the needs of the populations have changed. If you look at the original intent of the program, it was intended to provide direct services to children who were born both deaf and blind during the period of the rubella epidemic in the early sixties.

We think over time the needs have changed. There is a certain amount of overlap between these two groups, and we think that the best way to delivery the services is through this merger. We realize that it is controversial, but nonetheless we think it is the most appropriate way to address these needs.

Patty, do you want to add to that?

**Ms. Smith.** Well, I certainly agree with that. There is no intention to disrupt the service centers or the technical assistance provided by the centers. We continue to believe that it is more effective to merge these demonstration activities. I reviewed the funding on it, and over $15.3 million of the requested funds will provide continued support for deaf-blind centers, technical assistance and demonstration projects in the area of extended school year, supported employment, transition skills, in-service training, systems change and communications skills. There is no change in the funding level for this, the combining of the two sources of funding and putting them into the same area.

We believe that the service delivery system has been somewhat duplicative, and so we feel that students will be better served by putting them together.

**Senator Harkin.** Thank you.

**Mr. Kolb.** Thank you, Mr. Chairman.

**Senator Harkin.** Senator Durenberger?

**Senator Durenberger.** Thank you, Mr. Chairman.

I wonder if I might just in one question try to combine the last couple of questions that the Chairman asked, so I better understand where some of the frustrations may come, other than the inadequacy of financial resources in some of these areas.

I notice there have been a couple of interpreters here this morning in this room, and probably a small number of folks in this room who require the services of those interpreters, gets me to the issue that the Chairman raised relative to rural areas, the cost-benefit ratio, if you will, particularly when you get into larger States and where you get where we are, west of the Mississippi, the cost in relationship to how many people may measure the benefit would appear to increase.

That leads me to a question which I will try to phrase in terms of flexibility. Most categorical grant programs are pretty directive, they have a lot of mandates, you have got to send in your application, get in competition, and all that sort of thing. If some State wanted to do it differently than Pat Smith or somebody else thought they ought to be doing it, or some regulations thought they ought to be doing it, it would be kind of hard to do, because somebody would say, well, you know, you can't give them too much flexibility, otherwise—and this heads to the second part of the question—we are going to have the blind in competition with other persons who are severely impaired, and so forth.

So, my question really relates to how much flexibility is there at the State level in particular in the administration of some of these programs, and how much do you, representing this administration, believe there should be, based on the experiences we have had in the past. Do you think this Committee should be recommending changes that increase the flexibility on the part of the States to design their own programs to meet the particular needs of local communities?

Mr. KOLB. Senator, let me try and answer your question. I think the States do have a certain degree of flexibility in terms of their own activities. As to these particular programs, the discretionary grant component run by the Federal Government I think really does not address that issue. I mean, these are programs set up at the Federal level, with their purposes fairly clearly defined, so the issue of flexibility I think is really one which is most properly addressed at the State level.

Senator DURENBERGER. What does that mean?

Mr. KOLB. These are Federal discretionary grant programs and that is not the way they run.

Senator DURENBERGER. Well, how do they run? I mean do States have got to do it the Federal way, is that it?

Mr. KOLB. Yes.

Ms. SMITH. Typically, under these discretionary grant programs, we establish priorities, we request public comment and we receive comments from all kinds of agencies and organizations, including the States, and we revise our priorities accordingly. But the grants and contracts are awarded to a variety of organizations, not limited to State and local agencies. They include universities and other nonprofit organizations.

Where the States have flexibility in the use of funds is under the Part B State formula grant program. The vast majority of those funds are distributed to the LEA's, but the States do have the option of reserving about 25 percent of those funds for activities of their own choosing, and with those set-aside funds States can support and do support the development of model programs, training programs, and other activities.

Mr. **Kolb**. Our flexibility comes up-front in terms of the way we structure the discretionary programs. But I do agree with what you are saying, and it reminds me of the article in The Post, I think last Friday, by David Broder, which really talks about trying to find an enhanced flexibility in the delivery of Federal services, not only in education but elsewhere in the government. So, I think we agree with you completely, and I hope this answer with regard to this specific question is somewhat helpful.

Senator **Durenberger**. I better understand the matter now. Thank you.

Senator **Harkin**. If there is nothing else, I want to thank you, Secretary Kolb and Ms. Smith and Ms. Cichowski, for coming and presenting testimony.

Mr. **Kolb**. Thank you, Mr. Chairman.

Ms. **Smith**. Thank you very much.

Senator **Harkin**. The next panel of four: Mr. Fred Weintraub, from The Council for Exceptional Children, is the Assistant Executive Director for Governmental Relations; Dr. Norena Hale, from St. Paul, MN, is Manager of the Unique Learner Needs Section of the Minnesota State Department of Education; Pat Trohanis is Director of the National Early Childhood Technical Assistance System, located at the Frank Porter Graham Child Development Center, University of North Carolina, at Chapel Hill; Dr. Sherril Moon is Associate Professor of Special Education at the Virginia Commonwealth University, at Richmond, and is also Associate Director of Rehabilitation Research and Training Center on Supported Employment.

I welcome you all to the subcommittee, and we will recognize you as your names were called, and if you could again limit your testimony to five to seven minutes, we would appreciate it so we could have a chance for some questions.

Fred, we will lead off with you. Welcome again to the subcommittee.

## STATEMENTS OF FREDERICK J. WEINTRAUB, ASSISTANT EXECUTIVE DIRECTOR FOR GOVERNMENTAL RELATIONS, THE COUNCIL FOR EXCEPTIONAL CHILDREN, RESTON, VA; NORENA A. HALE, MANAGER, UNIQUE LEARNER NEEDS SECTION, STATE DEPARTMENT OF EDUCATION, ST. PAUL, MN; PASCAL L. TROHANIS, DIRECTOR, NATIONAL EARLY CHILDHOOD TECHNICAL ASSISTANCE SYSTEM, UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL, NC; AND M. SHERRIL MOON, ASSOCIATE PROFESSOR OF SPECIAL EDUCATION AND ASSOCIATE DIRECTOR, REHABILITATION RESEARCH AND TRAINING CENTER ON IMPROVING SUPPORTED EMPLOYMENT OUTCOMES, VIRGINIA COMMONWEALTH UNIVERSITY, RICHMOND, VA

Mr. **Weintraub**. Thank you, Senator.

Mr. Chairman, I am Fred Weintraub, Assistant Executive Director for Governmental Relations of the Council for Exceptional Children. CEC is the professional association of persons involved in the provision of special education.

I have submitted to the subcommittee a statement on this reauthorization of VHA on the behalf of our members, and we would request that it be included in the record.

In the limited time I have, I will try today to provide a historical overview of the Federal role in special education, the functions that discretionary programs play within that role, and some important factors that Congress might want to consider regarding the design and administration of these programs.

In 1827, the Congress enacted the first Federal laws pertaining to the education of students with handicaps. During the next 130 years, they passed a variety of laws designed to support and advance special education, particularly focused on students who are deaf and those who are blind.

The modern era of special education began in 1958, with the enactment of Public Law 85-926, the forbearer of what is now Part D of the Education of the Handicapped Act, providing for the preparation of special education personnel.

During the next 17 years, a number of capacity-building and program support programs were enacted, including programs in the area of research, aid to States supported schools, media and captioned films, aid to States' learning disabilities model programs and programs for students who are deaf and blind.

These programs were incorporated into the Education of the Handicapped Act in 1972. In 1975, Mr. Chairman, as you have already noted, Congress amended the EHA by passing landmark legislation more commonly known as Public Law 94-142, to assure the right to a free, appropriate public education for our Nation's handicapped children. With the passage of Public Law 94-142, the Federal role expanded to include rights protections.

During the remaining years, the Congress has been ever mindful of this three-pronged role of the Federal Government, one being capacity-building, two being program support, and three being rights protection. While most public attention has been focused on the more recent rights role, we believe that it has been the capacity-building function of the Federal Government that in fact has led to the state of Federal programs today, the state of special education today, and in fact has been the keystone of those programs, because it has been these programs that have facilitated creating the knowledge, personnel systems, systems designs and public attitudes that have enabled the United States to have the most comprehensive system of special education of any nation in the world.

Presently, the U.S. Department of Education directs 12 major discretionary programs, and under these programs, approximately 105 sub-programs. In 1988, $169 million was awarded under the discretionary programs.

I would like to point out—and I think this goes to Senator Durenberger's question to the administration—that there are three types of vehicles that the Department uses to administer these programs. One is called grants. Basically, grants support the ideas of people in the field, if they are judged , worthy and meet criteria as judged by review panels. Over a thousand agencies received grants during fiscal year 1988.

Contract, son the other hand, are also a strategy used, and these are competitively awarded to carry out a specific Federal purpose. Contract criteria is usually more highly specific than in grants, and monitoring is more extensive.

A third approach is called cooperative agreements, which is kind of an amalgam between a grant and a contract. While the idea comes from the field, the criteria for the award is regulated by the Government.

One of the items that we will have suggested in our testimony, that we believe the Congress needs to be a lot more cautious about, is the question about whether an authority should be a grant, a contract or a cooperative agreement, and that should relate to the degree to which you want to give the administration the authority to make the decisions, i.e., to control the conditions, or do you want to provide that flexibility to people?in the field.

A good example of that is that in Public Law 99-457, the Congress specifically required that the regional resource centers be a service system to the States, and that the criteria for determining what a regional resource center will do will be set by the States that that center serves. However, if one takes a look at the program, even though that was the congressional intent, the administration uses contract authority to in fact set the criteria, and right now the regional resource centers are being run by Washington and not being run by the States. So, I think you need to make the decision of which authorities you want to use.

As we examine discretionary programs, it seems to us that there are six major roles that they play, and I will just highlight those briefly. They are in our testimony. A discretionary program can provide national attention to an issue. A good example is the programs dealing with transition. This is a term that was not used, but by having the Federal presence it is now an issue throughout the field.

Discretionary programs can help sustain a community of persons interested in an issue, and certainly the 20-year history in early childhood is a good example of where the Federal Government helps sustain that community. The discretionary program can increase the knowledge, both professional and public, about an issue. The discretionary program of the severely handicapped has been an excellent example of where a whole knowledge base has been helped being developed by that program.

A discretionary program can assist in prioritizing the work of the community's interests. Research is a very good example where Federal priorities do in fact help set agendas. A discretionary program can help support the infrastructure of the community of interest and, to a limited degree, discretionary programs can help actually provide services, although I want to emphasize that it seems that ought to be a limited role.

In our prepared statement, we attempted to identify some areas that the Congress ought to focus on in the administration of the programs. Let me just very quickly highlight those.

One is that it is terribly important that competitions are conducted and awarded consistent with time schedules of the community of interest. Certainly, you have discussed issues of delays, but if you give money out to colleges and universities after the academic years have begun, it does not help in the recruitment of students and faculty, and somebody has got to begin to hold the administration accountable for the time lines in which these programs are conducted.

We would strongly urge that you broaden the discretionary authorities to permit not only the development of new knowledge. Sometimes we spend all our time looking at what is new, rather than evaluating and utilizing what exists.

There are some problems around conflict of interest restrictions that I think the Congress ought to take a look at. Right now, it is very difficult, with the rules that the Department is using, to put together the panels of experts that are necessary to effectively evaluate grant competitions.

We would strongly urge that there be provision for site visiting of discretionary programs. We believe that there ought to be panels of experts to come in and advise the Department in priority setting. Your questions earlier dealt with the issue of who sets not only how is the money used in an available field, but who sets the priorities. We believe that the field ought to have a more direct participation, not only in reacting to proposed priorities, but providing input to the Department in how they establish those priorities.

Finally, Mr. Chairman, we believe that the issue that you addressed in your question needs to be taken further about qualified personnel. It is not just sufficient to have numbers of people, although that is important. It is also important to have people who know what they are doing and know what they are talking about.

It is very difficult if you are out in the field and writing a grant and the person who is your grant monitor or the person you are working with does not know anything about the topic you are dealing with, does not know anything about the area of expertise. That begins to diminish the image of the Federal role, and that also makes it very difficult to manage quality programming.

Senator HARKIN. I don't want to interrupt you, but is that a problem? Have you come across that?

Mr. WEINTRAUB. It is a tremendous problem, and I think it is a problem——

Senator HARKIN. There are people who are in these disciplines in postsecondary education who are available. Why are they not being hired? Who is being hired in these positions, then?

Mr. WEINTRAUB. I think there are several issues that one needs to look at it. One is to look at the great system and to see whether Federal positions are such that will attract the best and the brightest. Second, we have got to look at the holdup that goes on, and I do not put this on the head of the people at the program level, but the hiring system. And third is you have to have an image that says I want to come and work for the Federal Government, and we have got to recruit and attract people to come.

Senator HARKIN. Bobby just reminded me that we have a witness later on who will talk about this specific problem, Dr. Carriker, so we will get to that.

**Mr. Weintraub.** But while we have shortages in the field, which Dr. Carriker will address, I think what is important is we have to create an environment here in Washington that makes knowledgeable and talented people want to come to work for the Federal Government. I believe some of the initiatives of this new administration that are making, how we say, Federal role more attractive to people, hopefully will reverse some of the problems of the past, but I think it is a critical issue.

Thank you.

[The prepared statement of Mr. Weintraub follows:]

## PREPARED STATEMENT OF FREDERICK J. WEINTRAUB

Mr. Chairman and members of the Subcommittee, The Council for Exceptional Children (CEC) is pleased to present the following statement regarding the reauthorization of the discretionary programs under The Education of the Handicapped Act (EHA). CEC is the international professional association of persons involved in and concerned about the education of students with disabilities and students who are gifted and talented.

Last year marked the thirtieth anniversary of the modern era of federal involvement in the education of students with handicaps. While most public and political attention over the past years have been focused on Part B of EHA, more commonly referred to as P.L. 94-142, it has been the varied discretionary programs under the Act that have been the keystone of the federal role in special education. It has been these programs that have facilitated creating the knowledge, personnel, systems designs, and public attitudes that have enabled the United States to have the most comprehensive system of special education of any nation in the world.

Over the past three decades, it has been the leadership of the Congress that has brought about and protected the federal role in special education. You and your predecessors have approached this responsibility with an understanding of the delicate balances necessary for effective partnerships with state and local governments, institutions of higher education, professionals, parents, and other interested parties. It is this understanding that we believe must continue to shape policy making as we face the challenges of the coming years.

The Office of Special Education Programs (OSEP) in the U.S. Department of Education directs 12 major discretionary programs and under these programs approximately 105 subprograms are administered. In FY-1988, $169.1 million was awarded to state education agencies (SEA), local education agencies (LEA), colleges and universities (IHE), and other agencies and organizations. This constitutes about eight percent of the OSEP budget.

The major functional purposes of these activities include research; demonstration; specialized direct services; technology development; information dissemination; technical assistance; and evaluation and special studies. In carrying out these activities the Department utilizes three primary vehicles:

Grants - Grant awards support the ideas of people in the field if they are deemed worthy and meet criteria as judged by review panels. In FY-1988, more than 1,000 agencies and institutions received grants under approximately 60 separate competitions.

Contracts - Contracts are competitively awarded to carry out a specific federal purpose. Contract criteria is usually more highly specific than in grants and the monitoring is more extensive. OSEP lets about 50 small contracts through the Captioned Films Program and has, in addition, 15 to 20 large ongoing contracts agency-wide. Five or six major new contracts are let each year. In FY-88, approximately $24 million was expended on contracts.

**Cooperative Agreements** - A cooperative agreement is an amalgam of a grant and a contract. While the project idea comes from the field, the Federal Government, because of a shared interest, may specify certain things to be done and seek to review performance. OSEP uses cooperative agreements primarily in the Deaf-Blind Program and for Research Institutes and State Cooperative Evaluation Programs.

While the discretionary programs under EHA are directed at a number of specific issues, there are limited roles that these programs can play. A historical review of Section 623, "Early Education for Handicapped Children," is illustrative of these varying roles.

In 1968, the Congress passed P.L. 90-538, The Handicapped Children's Early Education Assistance Act. In establishing this modest discretionary program, the Congress was responding to a developing knowledge of the critical importance of early intervention in these children's lives. As Congressman William Ayres of Ohio noted:

> "I believe that there is a body of sound research which indicates that the right intervention in the life of the young handicapped child, while it may not prevent the handicap, can prevent many of the disabling and dependency-producing consequences of the handicap in later life. Our task now is to find how the knowledge gained from research can be put into practice."

The framers of the legislation recognized that before a major effort at systems change could be undertaken, a further development of a body of knowledge and practice was necessary.

> "I would like to emphasize that this bill does not contain the resources needed to implement a full scale effort to solve the problems of our preschool aged handicapped children. A major effort of this kind is not the intent of this legislation, although we can foresee the need for such a program in the future. Instead, the legislation will lay the foundation for any future programs meeting the needs of these children by providing demonstrations of successful approaches to the problem." (Congressman William Dent of Pennsylvania.)

> "Mr. President, the program we are offering is designed to bring together all the accumulated knowledge and wisdom in the field of special education in a controlled, model environment so that we can begin to apply comprehensive considerations to the learning problems of the disabled child." (Senator Winton Prouty of Vermont.)

The members of Congress also realized that an important value of a discretionary program is to increase public awareness and understanding of the value of adopting and supporting a particular initiative. As Congressman Carl Perkins of Kentucky noted:

> "Opportunities for handicapped Americans are often limited; and limited opportunities mean limited fulfillment. If the Nation is to offer its handicapped citizens the opportunity to develop their potentials to the

fullest, it must first understand that these citizens despite physical, or mental disadvantages, contain potential as great as any American. The bill before us recognizes this principle; not only does it seek to help handicapped children realize their potential, but it also promotes a wider community understanding of what these children can do."

Over time, this program supported the development of a body of knowledge demonstrating the value of early intervention and preschool programs, prepared and supported a community of interest composed of professionals and lay persons who could share knowledge and advocate for expanded services, and provided model programs so states and school systems could have places to turn to for information on how to frame policies and develop programs.

The Congress continued to play a leadership role by evolving the program over the years. They added a state planning component and then added a requirement that states develop a plan for serving the children. In 1986, the Congress realized that significant knowledge now existed as to how to educate preschool children, that programs for such children existed in most places in this country, and that there was now general public agreement that such children should be educated. As a result, they enacted P.L. 99-457, extending the right to a free, appropriate public education, under P.L. 94-142, down to age three. The Congress also recognized that for children with handicaps, ages birth through two, further state-wide system development was necessary and thus, a new state grant program (Part H) was enacted. To assist states and communities reach full services, the Congress also strengthened the discretionary program in the area of technical assistance.

It is fair to say that two decades of modest and carefully designed federal leadership has enabled us to reach a point where preschool and, hopefully, early intervention services will become available to all young children with handicaps.

As we examine the roles that discretionary programs have played over the years the following functions appear to be the most successful:

1. A discretionary program can provide national attention and status to an issue.

2. A discretionary program can help sustain a community of persons interested in an issue.

3. A discretionary program can increase the knowledge, both professional and public, about an issue.

4. A discretionary program can assist in prioritizing the work of a community of interest.

5. A discretionary program can help support the infrastructure of a community of interest.

6. A discretionary program can produce limited discrete outcomes, i.e. prepared personnel, products, or services.

Because of the large number of children with handicaps, families of such children and professionals, school systems, and other agencies involved in their education and early intervention, discretionary programs are limited in their ability to be a primary service provider and a deliverer of knowledge.

## ADMINISTRATIVE RECOMMENDATIONS

The following are some recommendations that we believe might strengthen the effectiveness of the discretionary programs. We realize that some of the suggestions will require administrative action and hope the Congress will take appropriate steps to encourage such actions.

1. Assure that competitions are conducted and awarded consistent with the time schedules of the community of interest to which the competition is directed. Time factors such as school year, academic year, hiring cycles, and continuity of employment should be taken into consideration. For example, personnel preparation grants awarded after an academic year begins makes recruitment of students and hiring of faculty impossible.

2. Assure that there is sufficient time allowed between the publication of a request for proposals and the deadline for submission. This should vary by the nature of the complexity of the proposal and take into consideration holidays and other factors that constrain people's ability to respond. Constrained timelines often result in limiting respondents to those having existing grants or contracts, or those who have extraordinary proposal writing capacity and resources.

3. Assure that competitions are of sufficient size, scope, and duration to attract an adequate pool of qualified respondents. For example, if talented, experienced persons are being sought to devote themselves to a particular area of activity, such as transition, grants need to provide enough resources and be for enough time to attract such persons from the work they are presently doing.

4. Broaden the discretionary authorities to permit the development of knowledge regarding the present state of practice or to synthesize existing knowledge, rather than limiting activities to only that which is new. For example, under Part G, we need to know more about how existing technology is being used and encourage the use of existing technology as well as developing new technology. Sometimes the emphasis on innovation obscures the effective utilization of knowledge we already have.

5. Authorize the Secretary to require recipients of projects to prepare their procedures, findings, and other relevant information to be in a format that will maximize their use by the community or communities that need such information and require their distribution to the varied networks that communicate with such communities.

6. Reduce new conflict of interest restrictions which constrain the Office of Special Education's ability to convene qualified panels to review proposals. For example, present regulations prohibit any employee of a

state university system from reviewing grants if any college or university in that system submits a grant, even if the individual is not an employee of that particular college or university. In areas such as personnel preparation and research, this restriction severely and inappropriately impairs the ability to convene panels of qualified reviewers.

7. Assure that discretionary projects, particularly those funded at over $300,000 are site visited at least once to assess the progress that is being made.

8. Assure that the discretionary grants under this Part do not carry an inequitable share of the Department's responsibilities under the Small Business Innovative Research Program.

9. Be more specific as to whether a particular discretionary authority should be a grant, contract, or cooperative agreement. This determination should be based, as we discussed previously, on the degree to which the Congress wishes the Secretary to have the authority to control what work will be done and how it will be done. For example, while the Congress, under P.L. 99-457, specifically stated that regional resource centers were to serve state needs, the Secretary used the contracting authority provided by the Congress to limit the types of assistance the centers can provide states.

10. Require the Secretary to conduct an examination of the evaluation criteria used to judge proposals and the weights given to such criteria to assure that they are meaningful to the purpose of the competition.

11. Assure that there is a process, system, or means for the Department to get expert advice before proposing priorities. Discretionary programs should be operated in a collaborative fashion with the community of interest impacted. Arbitrary priority setting tends to divide rather than build communities. While priorities need to change over time, continual shifting of priorities often diminishes productive capability.

12. Assure that there are sufficient numbers of qualified personnel in OSEP to manage the varying discretionary programs. Such personnel should be professionally knowledgeable about the program they are managing. It is extremely frustrating for grant and contract recipients to work with project officers who have not even the most basic knowledge about the nature of the work that the project is undertaking, or do not have the time to provide needed assistance.

13. Assure that there are appropriate titles and grade classifications for leadership personnel in OSEP. We note that subsection 602 (a)(1) requires that the Office shall be headed by a Deputy Assistant Secretary and then sets forth the grade for such a position. We note that the position has never been classified as a Deputy Assistant Secretary. We raise this issue not out of concern over questions about status and position within OSERS and the Department. The Directors of RSA and NIDRR are Presidential appointments and thus have higher status and functional power than the Director of OSEP. When these three agencies were brought together under OSERS through the creation of the Department of Education it was intended

that the three agencies would be of equal status. While on an organization chart this appears to be the case, we have question as to whether this is functionally occurring.

Subsection 602 (b)(2) establishes at least six positions at grade GS-15 to assist the Deputy Assistant Secretary. It is our understanding that grade GS-15 is no longer compatible with comparable positions in the Department; this places the persons holding these positions in lower status in the Department.

## PROGRAMMATIC RECOMMENDATIONS

### Evaluation (Section 618)

The following recommendations are designed to focus existing discretionary programs to more effectively meet current needs in the field. We will, in addition, propose the establishment of one new discretionary program.

This section of the law has as its basic purpose to provide data and other descriptive information to the Congress, Administration, and others about who is being served, the types of services being provided and other information necessary for policy making under the Act, particularly in relation to Parts B and H. The Section establishes an annual report to the Congress setting forth what information it expects will be contained in that report. It also gives the Secretary authority to gather such information in three basic ways: (1) requiring states to report such data; (2) utilizing information from other sources; and (3) conducting studies through grants, contracts, or cooperative agreements.

Over the years this section has grown by adding to the information to be reported. While we agree in almost all cases with what information the Congress is seeking, we believe that the failure to attend to the most effective way of gathering such information has led in a number of instances to information that is not reliable or not obtained in the most cost beneficial manner.

While we note that Congress has suggested that it does not want to consider matters pertaining to Part B of EHA during this reauthorization, we believe that there are matters deserving consideration in section 618 which do not effect the basic requirements of Part B.

1. Section 618 (b) sets forth the data which the Secretary must obtain on at least an annual basis. In almost all cases the Department requires states to report such data as part of the reporting that states must do to be eligible for funding under the Act. In most cases the states require local school districts to generate such data in regard to each child served. While we strongly support the need for such data, we believe that the method for data collection should be determined on the basis of what will produce reliable data in the most efficient manner, rather than what is most federally convenient. It is our belief that some of the data collected in its present form does not meet this criteria.

A. Subsection 618 (b)(1) requires reporting the numbers of "handicapped infants, toddlers, children, and youth in each state receiving a free appropriate public education or early intervention service" by certain age groups, one of which is 0-2. Birth through two service requirements are set forth in Part H of the Act. Section 676(b)(14) Part M requires states to establish a data collection system by the fifth year of their participation. In many states, agencies other than education are responsible for serving infants and toddlers. Thus it is presently extremely difficult to collect, on a per child basis, accurate data on the numbers of infants and toddlers served (except where they are counted for P.L. 89-313 purposes) and extremely difficult for SEAs to report such data when they are not directly responsible for such services. We would suggest that if the Congress wants a count of every infant and toddler served as well as the other data required in this section pertaining to infants and toddlers, that such data should appropriately be gathered and reported through the requirements of Part H.

B. Subsection 618 (b)(3) requires reporting the number of handicapped children and youth exiting the educational system each year and the anticipated services needed for such children. It can be assumed that there are several purposes for wanting anticipated services data: (1) it could be helpful to state governments and the federal government in projecting what types of and the degree to which adult services are needed; (2) determining each child's needs for adult services could be helpful to parents and the child in planning for and accessing such services; and (3) it would be helpful for local communities in planning for the development of adult services. We question whether the data as now collected meets any of these purposes for the following reasons. First, since there is no generally utilized process for determining on an individual child basis the anticipated service needs, nor are special education staff generally prepared to do so, most of the present data is generated from administrative opinions and may have limited validity. Second, since there is limited joint planning between schools and adult service providers, the data, even if valid, doesn't make its way to the agencies and people who need it . Thus, we would suggest removing this requirement from this section. Further, the Department should conduct studies or analyze existing studies to produce the nationally needed information.

C. Subsection 618 (b)(4) seeks data on the amount of federal, state and local funds expended in each state for special education and related services. We would suggest that from a national perspective the data reported has little reliability. The problem is that each state and local school district has its own budgeting and accounting systems. Thus, what is reported from one jurisdiction has no comparability to that reported from another. In subsection 618 (e)(2) Congress mandated a study on special education expenditures, which has recently been completed. It is our belief that studies of this nature produce more reliable and usable information. We recommend the deletion of subsection 618 (b)(5).

D. Section 618 (b)(6) requires the reporting of the numbers and type of personnel that are employed and needed in the provision of special education related services. Department criteria asks states to report those needed as a combination of position vacancies and positions held by uncertified personnel. A review of data reported suggests great unreliability. For example, it is hard to conceive that the states of Massachusetts and Minnesota need no special education or related services personnel and that the state of Illinois needs only 175 special education teachers, while New York, which has about the same total number of personnel, needs over 4,000 teachers. Section 613 (a)(3) requires that states establish and implement a comprehensive system of personnel development (CSPD). However, the existing requirements for CSPD do not adequately address manpower planning. We will propose strategies for improving data collection later in this statement.

E. Subsection 618 (b)(6) requires the reporting of the special education, related services, and early intervention services needed to fully implement this Act throughout each state. P.L. 94-142 as originally passed required states to report the numbers of students not receiving a free appropriate public education (FAPE). After 1978, when states had to guarantee FAPE they ceased reporting the data because reporting it would constitute a statement of non-compliance. The Congress amended the reporting requirement to make it easier for the states to report their continuing needs. As the Department notes, the data reported should be viewed with "extreme caution"; first, because the methods for gathering vary by state, and second, states are suspicious regarding how the data will be utilized. If the real purposes of this section are to encourage the SEAs and LEAs to have a procedure for addressing the need to improve special education and related services and to help OSEP plan effectively to assist SEAs and LEAs, then a system already exists within the Act for this purpose. Section 612 (2)(A) requires states to establish a "full opportunity goal" and a timetable for and what is needed to accomplish the goal. Since the full educational opportunity goal is broader than the legally mandated FAPE and presently monitorable and reportable under the Act, we believe that it should be the primary vehicle for generating the type of information sought under section 618 (b)(6).

2. Section 618 (e) specifies the congressionally mandated studies that the Department is to undertake. Presently, two studies are required. The first, a longitudinal study of a sample of handicapped students examining their educational progress and status after leaving school. This five year study will be in its third year. Its total cost will be around $6 million, with a FY-90 cost of about $2 million. The second study was recently completed after examining state and local expenditures for special education at a cost of about $2 million. As discussed earlier, studies such as these are an important means of obtaining information for national policy purposes that cannot be effectively obtained though other data gathering means such as those previously discussed. We are concerned, however, that the studies are viewed as one time events, despite the fact that as the data gets old the Congress tends to require

that a new study be done. The high cost of such studies is directly related to establishment of a valid sample from which the data can be obtained. For example, as noted earlier, school districts and states do not have common accounting systems. Thus, in order to obtain expenditures data that is comparable, the recent expenditures study had to work with a group of representative school systems to establish common fiscal accounting and service delivery reporting systems that would permit the gathering and analysis of comparable data. Since the maintenance of such a common system is of no current value to the school systems involved, there is no incentive for them to maintain the system beyond the study. Thus, opportunities to nationally gather such data on a regular basis, conduct more intensive smaller studies, or use the sample for other major studies is lost. The Congress should explore with the Administration how such samples can be maintained over time for both congressionally mandated studies and other research efforts.

3. Section 618 (f) sets forth the data that is to be reported annually to the Congress. Again, while we do not have disagreements with what is asked for, we believe this section contains provisions that structurally and functionally should be elsewhere.

   A. Subsections 618 (f)(2)(D&E) are really special studies such as those described in section 618(e) and since they do not utilize an existing base of data or data reported regularly by states, the Department has had to let contracts to have the studies done. Further, since it can be presumed that the Congress did not intend for the studies to be conducted annually, it is our belief that studies such as this should be in section 618 (e) with their findings reported in the annual report.

   B. Subsection 618 (f)(2)(f) requires the Secretary to include in the annual report any recommendations for changes in the Act or other Federal Laws. We note that the Secretary has never included such recommendations but has used other vehicles for communicating such information. Apparently this is a meaningless requirement.

   C. Subsections 618 (f)(4) and (5) create similar operational problems to those discussed in (a) above. Subsection (4) requires the Secretary in the 1989 report to include special sections on a variety of populations of children with handicaps such as migrants, Indians, Native Hawaiians, etc. Since such data is not required to be reported by states under the Act, nor required in other laws addressing these populations in the context of information related to EHA, the Secretary has no data available. Thus, the only alternative is a series of contracted special studies. Similarly, the Department appears unable as required in (5) to do interagency data collection and analysis without contracting for it to be done. Thus, even information of this nature appears to be more operationally feasible as a special study and, thus, more appropriate under section 618 (e).

4. We recommend broadening and restructuring Section 618 to improve the knowledge available to the Congress, Administration, the field, and the

public regarding the implementation of this Act and the delivery of special education, related services, and early intervention. In this regard, we propose retitling the Section to read "Advancing System and Program Knowledge" and establishing the following four basic subsections:

A. Data Collection - This subsection would authorize the Secretary to require states to report data as described earlier in this section of our statement.

B. Research - This subsection would authorize the Secretary to (1) carry out an ongoing system of knowledge producing activities across a wide dimension of areas of study established by the Congress; (2) support state research efforts through cooperative agreements; and (3) set forth time specific congressionally mandated studies.

C. Knowledge Utilization - This subsection would authorize the Secretary to support activities to (1) organize and synthesize knowledge, and (2) make such knowledge more publically available, including the utilization and maximization of existing networks for exchanging information.

D. Annual Report to the Congress - This subsection would set forth that knowledge which the Congress expects will be reported annually or on some specified time basis.

5. Since all of the information gathered and reported relates primarily to the implementation of the Act, in particular Part B, we recommend that section 618 (g) pertaining to authorizations be amended by setting aside one percent of the annual appropriation of Part B for the purpose of section 618.

**Part C - Centers and Services**

Part C provides a variety of discretionary programs that primarily focus on special populations and issues: deaf-blind, preschool, severely handicapped, postsecondary, and transition. In addition, it establishes regional resources centers to assist states in their implementation of the Act. The following are our recommendations for improving some of the discretionary authorities under Part C:

1. Regional Resource and Federal Centers (Section 621) - The purpose of the regional resource centers is to assist SEAs, and through them, LEAs in identifying and solving persistent probelms in providing educational services to children and youth with handicaps, and in identifying and replicating model programs and practices. The RRCs began in 1969 with four centers to develop and apply the best methods of appraisal and educational programming for students with handicaps. With the passage of P.L. 94-142 in 1975, the mission of the RRCs was modified to provide training and technical assistance to state and local educational agencies. The 1983 EHA amendments redirected the focus of center services to require each center to (1) assist in identifying and solving persistent problems in providing quality special education; (2) assist in developing,

identifying, and replicating successful programs and practices; and (3) gather and disseminate information.

The current program is designed to include six regional centers and a national technical assistance center, which builds on successful performance of previous assignments by the RRC network, while responding to the changes in the program that were made in the 1986 Amendments.

As noted earlier in our statement, we are concerned that the intent of Congress, in P.L. 99-457, to have the RRCs serve state needs has been severely constrained by the Administration using their contracting authority to specify the priorities and functions of the RRC. It was exactly for this reason the Congress established a national coordinating technical assistance center that would be Administration directed. Therefore we propose that Congress take the steps necessary to assure that the intent of P.L. 99-457 is complied with.

Further, Section 621(a)(5) directs the RRCs to: "Provide information to and training for agencies, institutions, and organizations, regarding techniques and approaches for submitting applications for grants, contracts, and cooperative agreements under this subchapter and subchapters D through G."

We believe this authority is important, particularly to enhance participation by historically underrepresented groups, such as those representing racial and ethnic minority populations. We question whether its placement as a function of the RRC is adequate or even appropriate. We, therefore, recommend amending Section 621(d) regarding the national center to assume this responsibility.

The RRC network has given sporadic attention (some centers have accorded attention to culturally diverse parents ) to persistent problems related to the education of handicapped children who are members of racial and ethnic minority groups. In contrast, the multifunctional resources authorized under the Bilingual Education Act by statute are required to gather and provide information to other centers on particular areas of bilingual education including bilingual special education. We recommend amending Section 621(d) to: (1) make the education of handicapped children who are members of racial and ethnic minority groups a priority area for the coordinating technical assistance center, and (2) require the center to exchange information with, and where appropriate, cooperate with other centers addressing the needs of such students.

2. **Services for Deaf-Blind Children (Section 622)** - The purpose of this program is to enhance effort to provide full educational services to children and youth who are both deaf and blind. When initially authorized in 1968, this program utilized a center approach to serve deaf/blind children because of their relatively small numbers, scattered geographic distribution, and need for highly specialized, extensive services. Under the 1983 EHA amendments, emphasis has been placed on providing support (i.e., technical assistance, training, and information dissemination to assist agencies to meet the needs of the students and to transition to adult life.

The National Coalition on Deaf-Blindness has brought to this Subcommittee a proposal for improving the functioning of this program. We applaud their efforts and support their proposal in the following general areas:

A. Sustain the program as a discrete authority under EHA for children who are deaf and blind.

B. Expand the authority under the law to serve a broader age range of students.

C. Improve the capacity to obtain data and other information about students who are deaf and blind.

D. When needed, permit funds to be utilized for direct services to such students that would otherwise not be required by law.

3. Early Education for Handicapped Children (Section 623) - The purpose of the Handicapped Children's Early Education Program is to stimulate increased and improved services to young children with handicaps (aged birth through eight) and their parents. This program, which began in 1967, has emphasized the development, demonstration, and dissemination of high quality models. This program complements both the Preschool Grant Program and Part H Early Intervention Program by developing models of best practices for preschool and early intervention programs and by stimulating statewide program development. The 1983 and 1986 EHA amendments continued the model demonstration and outreach programs, and the 1986 EHA amendments emphasized and strengthened the continuing technical assistance and research functions under this authority.

This program has assumed a vital, enlarged role as the basic support mechanism for the national objectives in early childhood education enacted under P.L. 99-457. This program provides the underpinning of continuing expertise which the states and localities will require.

The following recommendations regarding Section 623 focus on maximizing knowledge gained from the program and assuring appropriate priority setting:

A. Authorize the Secretary to undertake activities to synthesize the knowledge developed under this Section and to organize, integrate, and present such knowledge so it can be utilized effectively by professionals and others.

B. Authorize the Secretary to require recipients of projects to prepare their procedures, findings, and other relevant information in a format that will maximize their use and to require the delivery of such information to appropriate networks for dissemination.

C. Require the Secretary to establish a panel of experts to advise the Department on an ongoing basis regarding the determination of priorities under this Section. Further, assure that there is relative equity in funding under this Section between preschool and early intervention activities.

4. **New Initiatives to Improve Services to Children with Serious Emotional Disturbances** - The Council for Exceptional Children has for the past several years actively worked as part of the National Mental Health and Special Education Coaliton because of our deep concern over the state of services to our nation's children and youth with serious emotional disturbances. It is generally agreed that this area is probably the most problematic in special education and the area that historically has gotten the least national attention and leadership. Part of the reason for this condition has been the lack of a unified community of interest. The Coalition has brought together education and mental health professionals and agencies, parents, and other advocates to build a common agenda. We commend that effort and the Congress for making the issue a focus of these hearings and for providing the Coalition an opportunity to testify.

We support the recommendations of the Coalition and wish to highlight several at this point:

A. There are presently no discretionary resources under EHA targeted or available to be targeted at assisting and encouraging the field to resolve the problems relating to serving children and youth with serious emotional disturbances. We believe the magnitude of the problems warrant the initiation of a new and discrete program in order to establish a systematic initiative which will significantly increase our knowledge base on how to better educate these children.

We therefore recommend that the Congress amend Part C to add the following new section:

**Services for Children with Serious Emotional Disturbance**

Sec. 628 The Secretary is authorized to make grants to institutions of higher education, state educational agencies, local educational agencies, or other appropriate public and private nonprofit institutions or agencies to improve special education and related services to seriously emotionally disturbed children and youth, including:

(a) (1) Studies regarding the present state of special education and related services to such children and their families including the establishment and maintenance of data bases for assessing the status of such services over time.

(2) Projects to develop methodologies and curricula designed to improve special education and related services programming.

(3) Projects to develop and demonstrate strategies and approaches to reduce the use of out of community residential programs and the increased use of school district based programs (which may include, but are not limited to, day treatment programs, after-school and summer programs).

(4) Projects to develop the knowledge, skills, and strategies for effective collaboration among special education, regular education, related services, and other professionals and agencies and demonstration projects in this regard.

(5) Projects to demonstrate innovative approaches to assist children with emotional and behavioral problems from developing serious emotional disturbances that require the provision of special education and related services.

(6) Knowledge synthesis and dissemination activities.

(b) In making grants under this section, the Secretary shall give priority to projects and activities which address in whole or in part the needs of ethnically and culturally diverse children and their families.

(c) There are authorized to be appropriated to carry out Section 628 $15,000,000 for FY 1990, and such sums as may be necessary for FY 1991 and FY 1992.

B. The extensive use of out of community residential placements for children and youth with serious emotional disturbances suggests the need for a more careful examination of the reasons for such placement decisions and the degree to which such children and youth return to the community. It is important that such placements be used only when they are the most appropriate setting for a child, and that institutional placements not be used as a substitute for appropriate community services.

We therefore recommend an amendment to Section 618 as follows:

Amend Section 618(a) (Evaluation) to include the following special study:

> At least one study shall examine the extent of utilization of out of community residential programs for seriously emotionally disturbed children and youth, the factors that influence such placement decisions, the extent to which such children and youth transition back to educational programs in their communities, and the factors which facilitate or impede such transition.

5. **General Improvements Regarding Racial and Ethnic Minorities** - Part C of the Act authorizes projects in several important areas, i.e., early education, severely handicapped, postsecondary, and secondary education and transitional services. Despite Congressional intent, demonstration and model projects in these areas have not given adequate attention to improved educational opportunities and services for American Indian, Alaska Native, Asian, Black, Hispanic, Pacific Islander (including their various subgroups) children with handicaps and their families. Many of

these children may also be poor, migrants, have a primary language other than English, be recent immigrants with little or no formal schooling, and/or reside in rural or urban areas. Projects focusing on the needs of these infants, toddlers, children, and youth have been isolated and seldom part of a well designed effort extending over a prolonged period to increase our understanding and ability to serve these children and their families more appropriately. Therefore we recommend amending Part C to direct that annual funding priorities for demonstration projects and related activities include projects aimed at handicapped children from racial and ethnic minority groups.

## PART D - PERSONNEL PREPARATION

Part D of EHA, which provides support to institutions of higher education, state and local education agencies, and other institutions and agencies for the purpose of preparing personnel for the education of children with handicaps is the oldest EHA authority (1958) and perhaps the program that over the years has had the most significant impact on advancing and improving services of any of the EHA authorities. The majority of the personnel in the field of special education, classroom teachers, administrators, and higher education faculty were educated in programs supported under Part D.

Thirty-one years ago Congress recognized , as we do today, that the key to effective services for children with handicaps is to develop and maintain an adequate and well prepared cadre of special education personnel, related services, and early intervention personnel. As the Secretary, in the Tenth Annual Report to Congress on Implementation of The Education of the Handicapped Act, states, "Delivery of special education services is contingent upon trained personnel qualified to provide the required services. Implementation of EHA Part B is therefore directly dependent on the availability of personnel qualified in pertinent disciplines for the delivery of special education..." However, in the same report the Secretary states that, "27,474 teachers were needed to fill vacancies and replace uncertified staff" and "an additional 13,730 staff other than special education teachers were needed."

We have delivered to this Subcommittee a report entitled, "A Free Appropriate Education: But Who Will Provide It" that was developed in conjunction with other associations on the serious shortage of qualified special education and related services personnel that will be available in the future to meet the needs of students with handicaps. Our projections clearly demonstrate that unless some major intervention occurs, the ability to provide the free appropriate public education required under this Act will be seriously jeopardized. The report calls for a comprehensive plan of action involving all levels of government, institutions of higher education, and professional associations to recruit, prepare and retain qualified personnel. We appreciate the Congress providing an opportunity through these hearings to focus attention on this critical issue.

The report proposes specific amendments to EHA to assist in addressing the crisis:

1. That the authorization for Part D of EHA be increased to $150 million for FY-90 and that priority be given to this Part in appropriations considerations.

2. That the Secretary be required to appoint and convene a panel of experts to advise the Department on an ongoing basis with respect to the Department's role in alleviating personnel shortages in special education and related services. Additionally,this panel should be convened yearly to advise the Department on priorities for the allocation of Part D funds.

3. That recruitment and preparation of minority students and special populations of students, including students with disabilities, be an established priority within all grant competitions issued under Part D and that the Secretary be required to reestablish the priority to prepare minority personnel.

4. That Section 631(a)(1)(A-E) be amended to read: (A) special education teaching, including speech-language pathology and audiology, and adaptive physical education; (B) related services to handicapped children and youth in educational settings; (C) special education and other careers in preschool and early intervention services for handicapped children; and (D) special education leadership, including supervision and administration (at the advanced graduate, doctoral, and post-doctoral levels) and special education research and special education personnel preparation (at the doctoral and post-doctoral levels).

5. That Section 613(a)(3) be amended to expand the Comprehensive System of Personnel Development (CSPD) to adequately address the basic manpower issues. We suggest strengthening CSPD in the following manner:

   A. Each state be required to: (a) develop a personnel preparation plan that identifies the need for special education and related services personnel; and (b) coordinate efforts among state and local education agencies and institutions of higher education to recruit, prepare, and retain qualified personnel. Progress made in implementing these plans should be reported annually.

   B. Each state should have a personnel data collection system including data on:

      (1) Personnel employed and projections of personnel needed over the next five years.

      (2) Personnel needed, including numbers of uncertified or unlicensed personnel.

      (3) Personnel preparation programs in the state, including the numbers of students admitted to preservice programs and the numbers of students graduating with certification or licensure.

C. Data gathered through the personnel data collection system should be reported in the Annual Report to Congress and replace the data required to be reported under Section 618 (b)(6).

6. That the authority under Section 632, Grants to the States, be amended to include manpower planning and recruitment and retention activities. In this regard, we would support earmarking ten percent of the Part D appropriation for the purposes of Section 632.

7. That Section 631 (b) pertaining to special projects be amended to include authority to support recruitment and retention.

8. That the work scope of the Clearinghouse authorized under Section 633 (c) be expanded to include technical assistance to support: (a) personnel recruitment efforts by state and local education agencies and institutions of higher education; and (b) state efforts to carry out the purposes of the proposed Comprehensive System of Personnel Development. We support funding this Clearinghouse at a level which will ensure that it will be able to perform these and existing functions effectively. We also suggest that the authorization level for all three Clearinghouses be increased to $4.0 million.

9. That Part E of the Act pertaining to research be amended to include an authority for research on personnel preparation and continuing education.

We wish to convey our strongest support for these recommendations and urge the Congress to give them priority consideration.

## PART E - RESEARCH

Research is the second oldest federal special education authority, coming a few years after the initiation of personnel development programs. The purpose of Part E is to contribute to the advancement of knowledge and practice in special education through the research process. The main objectives are to provide knowledge and understanding; develop and validate effective practices; develop new approaches based on research findings; and contribute to the dissemination and implementation of research findings. Under the EHA amendments of 1983 (P.L. 98-199) research and related activities are to be designed to increase our knowledge and understanding of handicapping conditions and teaching, learning, and education-related practices and services. Such activities are to include new teaching techniques, the development of curricula, and the application of new technologies to improve instruction.

As the issues regarding the education of students with handicaps shift from access to education to the quality of the education provided, it becomes increasingly imperative that there be a continual investment in knowledge producing and utilization activities that can assist practitioners in improving the quality of what they provide to children. Such activities in special education are significantly federally impacted. State and local governmental as well as private resources for this purpose are minimal and are becoming even more limited. The existence and quality of this community of interest is directly related to the availability of federal resources to support such activities.

The Federal Government spends $1.7 billion on education and early intervention for children with handicaps. It is estimated that state and local education and other agencies spend ten times that amount. Thus, the present investment in knowledge production for improved practice is substantially less than one percent of the expenditure for services.

We believe that this Part should be focused in the following manner:

1. Retitle the Part to read "Advancing Knowledge and Practice".
2. Focus the purpose of the authority on improving the practice of professionals and others providing special education, related services, and early intervention by assisting such persons through the development and exchange of knowledge to l better able to assess their current practice and improve their practice on an ongoing basis.
3. Permit a wide range of research and related activities designed to:
   - A. Advance knowledge about the provision of instruction and other interventions to handicapped infants, toddlers, children, and youth.
   - B. Advance knowledge about the learning characteristics and needs of professionals and others providing special education, related services, and early intervention, and strategies for meeting such needs.
   - C. Advance the utilization of knowledge by professionals and others providing special education, related services, and early intervention.
4. Place an emphasis on the expansion and utilization of existing networks that exchange knowledge with practitioners rather than building new and often artificial communication systems. Further in this regard, authorize the Secretary to require recipients of grants, contracts or cooperative agreements under this Part to prepare their procedures, findings, and other relevant information in a form that will maximize their dissemination and use and require their delivery to appropriate networks that exchange knowledge and practice information.
5. Activities under this part should be expanded to include:
   - A. Conducting surv
   - B. Resear onnel preparation and continuing education.
6. Consider moving Part G - Special Education Technology into Part E in an intact fashion with an appropriate earmark. Prior to P.L. 99-457, some of the functions of Part G were carried out under Part F. In establishing Part G as a separate program with its own funding authority, Congress was

responding to significant evidence that federal attention needed to be directed to improving the use of new technologies in programs for children with handicaps.

The purpose of Part G is to assist the development and advance the use of new technology, media, and materials in the education of students with handicaps and early intervention for infants and toddlers. Goals include (1) enhancing the availability of appropriate technology; (2) improving the quality of technology based materials and programs; and (3) encouraging the appropriate use of media, materials, and technology in special education.

CEC strongly supports the purposes of Part G and other technology related initiatives. It is for the purpose of strengthening this knowledge producing program that we request that consideration be given to locating it in Part E.

7. Increase the authorization to $42 million. This is a low, but reasonable expenditure for knowledge production in comparison to direct service.

## ADDITIONAL COMMENTS

In a number of instances in our statement, we have specifically addressed recommendations for improving the ability of the field to deal with issues pertaining to racial and ethnic diversity. We recognize this issue as a continuing problem, and one that needs broadly based efforts to resolve. We appreciate that the Congress has targeted this issue as a focus of this reauthorization. We look forward to working with you in developing recommendations beyond those we already have made.

We recognize and respect the decision of this Subcommittee to not consider at this time amendments to Part H of the Act pertaining to infants and toddlers with handicaps. States are entering into a critical period in the implementation of this Part. Shortly, they will have to make policy decisions that will determine if and how they will continue to participate. We believe that it is important that the Congress in the near future conduct oversight on Part H and consider amendments that may be necessary to facilitate full implementation.

The Council for Exceptional Children thanks you for this opportunity to present our views on this important reauthorization of The Education of the Handicapped Act. We look forward to continuing to work with you.

Senator **Harkin**. Thank you very much, Fred.

Dr. Hale, do you get to Iowa during the winter?

Senator **Durenberger**. She is from Missouri, she cannot get to Minnesota without going through Iowa. [Laughter.]

Ms. **Hale**. I have to drive through Iowa to reach my home in Missouri.

Senator **Harkin**. During the winter, Minnesotans come to Iowa for a little sun.

Ms. **Hale**. Mr. Chairman and Senator, my name is Norena Hale, and I am Manager of the Unique Learner Needs Section in the Minnesota Department of Education. That means I am State Director for Special Education Services, Chapter 1 services and some others, support services.

I have been requested to respond to how special education discretionary projects have benefited children with handicaps and their families in Minnesota, and I would like to just, with the limited amount of time that I have, I would like to focus in on one or two areas and talk about how we have used discretionary projects to compliment and support statewide planning.

Transition, as Mr. Weintraub said, is a relatively new area for us and I think that has occurred because we have seen parents who were involved in implementing Public Law 94-142 now have children who are leaving the secondary education system and moving on to the postsecondary services, and they are beginning to ask for more support and they are beginning to be more involved in the development of policies at that level.

So, with transition, as a State, we have tried to focus on three levels of priorities: One is inter-agency coordination at the individual education plan level or individual child level; second, at the community level that we have interagency planning; and, third, at the State level.

At the local level or the individual IEP level, we have a new State mandate that requires that transition needs be addressed in the IEP beginning at grade nine or age 14. This causes a number of agencies to sit down with the education agency and plan for services for these students.

At the second level, we have a new State mandate that requires community planning, that requires the agencies in a community to sit down together and plan for comprehensive transition services in the community.

And at the third level, we have what we call a State transition inter-agency committee, a commitment from about ten agencies to sit down once a month and to try, with all of our different jargons and rules and laws and funding sources, to try to come together and coordinate and collaborate for individual children who have handicaps in their families.

How we have used discretionary dollars to support that kind of statewide planning effort is that this committee of ten agencies get together once a month and they talk about what their role is, but also how they can get resources to support the direction that we are going, and as they are developing discretionary projects, if you will, they bring them to this committee and sit down together and plan it together, so that we do have an attempt at coordinating our priorities within the State and finding resources to meet those priorities. It is a very difficult process, but we are trying to do it.

Some examples are that, with our community inter-agency teams, we have staff development money then to go out and actually train those teams in the communities on how to work together. We also have a follow-up study through the university affiliate program, where we are looking at what kind of needs do these students have as they leave the secondary system.

We also have through PACER, our Parent Advocates for Children's Educational Rights, our PACER center. We have some training programs on supported employment and how to get involved in the transition process. And then with the Department of Rehabilitation Services, we have an inter-agency grant on supported employment.

I believe these projects have helped us to shift directions in the State. It has impacted an increase in specific IEP goals and objectives for transition, it has impacted earlier planning for these students, to prepare them to leave the education system, and it has also caused an increase in the use of functional curriculums which will emphasize skills that these students will use after they leave the secondary program.

I talked with the Director of Special Education at the end of last week, and she was saying that the statewide system that we are putting in place really is impacting students as they leave. She was saying that 70 percent of the students that will leave their program this spring already had jobs, so that they will have jobs as they graduate from high school.

We have a similar undertaking in early child at special ed in that we have a new mandate down to birth, we have the individual family service planning at the individual level, we have a new State mandate for community planning for children from birth to five and their families, and then we have the State level commitment planning, too.

Using discretionary monies, then, as a support, we had a staff development grant called ARISE, with the leadership training grant for 25 persons, a commitment of 25 days during the 12-month period, and the topic is leadership during a time of profound change, and it has been very impactful. I believe it is one project, more than any other project, that has impacted our communications between the local level, special higher ed and the State department level.

I just wanted very briefly to comment that our Parent Advocacy Coalition through PACER Center has been very active and we feel is full partners in the process of providing appropriate services to children and youth, in that we actually sit down and set priorities, joint priorities for the year, and they will commit their own grants and we will support and collaborate.

The point I really wanted to make, I think it is kind of an outcome objective that demonstrates how we are attempting to communicate and collaborate, and that is that their work-shops that they design for parents, 50 percent of their participants actually are the so-called professionals, they are special educators out in the field.

I wanted to share one example very quickly of the demonstration project that I believe will help to impact our directional planning, and that is integrated education for learners with severe disabilities. I believe that this is laying the groundwork, if you will, for change all throughout the State.

In closing, we have identified a couple of need areas. One has already mentioned, that services, low-incident services in rural areas; and, second, services for children who have emotional behavior just continues to be a problem for us, and if there is any way that we can support the comprehensive planning that a State does and setting priorities within a State and then seeking resources to help us fill this gap in a planful way. Thank you, Mr. Chairman.

[The prepared statement of Ms. Hale follows:]

# PREPARED STATEMENT OF NORENA A. HALE

## HOW HAVE SPECIAL EDUCATION DISCRETIONARY FUNDS/PROGRAMS BENEFITED CHILDREN WITH HANDICAPS IN MINNESOTA?

PRESENTATION TO THE SUBCOMMITTEE ON THE HANDICAPPED

APRIL 3, 1989

My name is Norena A. Hale and I am Manager of the Unique Learner Needs Section in the Minnesota Department of Education. Through the Unique Learner Needs Section, I supervise the provision of special education services to 83,000 children and youth from birth who are handicapped and their families; Chapter 1 services to 58,000 children and youth who are disadvantaged; Limited English Proficient services to 9,500 children and youth whose primary language is other than English; and Migrant Education to 3,000 students whose migratory lifestyles have resulted in educational achievement levels below that of their peers.

I have been requested to respond to how special education discretionary funds/programs have benefited children and youth with handicaps and their families in Minnesota. In order to ensure that these children and youth receive the services that they need in order to lead successful and productive lives, Minnesota has encouraged interagency planning for meeting individual student needs, for developing community services and for coordinating agency services at the state level. I outlined my comments around (1) Using Discretionary Projects to Complement Statewide Planning; (2) Using Discretionary Projects as a Support to Statewide Planning; (3) Using Discretionary Dollars to Develop Demonstration Projects; and (4) Statewide Needs Discretionary Projects and Planning.

## USING DISCRETIONARY PROJECTS TO COMPLEMENT STATEWIDE PLANNING

Following are two example areas where planning for individual students and their families is encouraged at the individual level, within each community of the state and at the state agency level. These two example areas are: (1) Transition from secondary to postsecondary services; and (2) early childhood special education services.

Transition From Secondary to Postsecondary Services. All youth with handicaps in Minnesota will now have their needs addressed for transitioning to postsecondary services through their individual education plan (IEP) beginning at grade 9 or age 14. Concentrated efforts are being made to coordinate interagency services for youth and their families at (1) the individual IEP level, (2) within their community and (3) at the State level. It is believed that planning at all three levels must be developed simultaneously in order to ensure appropriate and coordinated services are provided to all youth with handicaps and their families.

Minnesota has been planful on a statewide basis to develop transition services for youth who are handicapped. A State Transition Interagency Committee (STIC) made up of representatives from 10 agencies meets regularly to plan for coordination of services provided by the various agencies. An "Interagency Cooperative Agreement to Plan for Transition: An agenda for Progress" has been signed by all 10 agencies and includes statewide goals on planning for individuals and for community planning. State legislation was passed to establish an Interagency Office on Transition Services; to require transition planning in the individual education plan for all youth with handicaps beginning at grade 9 or age 14; and to require local community transition interagency committees.

Federal discretionary dollars have been used to support this statewide effort through federal and/or state approved grants to: (1) Develop guidelines and provide inservice training for the community transition interagency committees in every region; (2) develop statewide technical assistance expertise in transition through a trainers of trainers (Part D of EHA) project called "Project Invest;" (3) conduct follow-up studies of students who are exiting the education system (Minnesota University Affiliate Program/MUAP project); (4) develop parent training on transition and supported employment (through Parent Advocates for Childrens' Educational Rights (PACER)); and (5) develop supported work opportunities for persons who have the most severe handicaps (through the Division of Rehabilitation Services). Duplication and competition of efforts have been avoided through statewide coordination and planning by the STIC committee.

These projects have impacted an increase in specific IEP goals and objectives to address individual needs for transitioning to postsecondary services and an increase in the use of functional curriculums which emphasizes skills that will be used by these students when they leave school. This in turn is leading toward an increase in community-wide and statewide vocational services provided to these students and a planful transition to of all youth with handicaps to postsecondary services.

Early Childhood Special Education. Beginning in 1988, Minnesota mandated special education services be provided from birth to children with identifiable handicaps and their families. As with the area of transition services, priorities for ensuring appropriate and coordinated services to individual children with handicaps and their families include (1) interagency coordination for individual children with handicaps and their family through each individual family services plan; (2) community interagency planning; and (3) state level interagency planning.

State legislation mandated local community interagency committees to plan and coordinate educational services with other agencies. At both the state (through a three agency State steering committee and the Governor's Interagency Coordinating Committee) and local levels, services are being coordinated for the birth - age five population (which also means funds from Part H of P.L. 99-457 and the Preschool Incentive Program are coordinated through these committees).

Preschool Incentive discretionary monies are being used to fund regional facilitators who in turn work with school districts to expand services provided to these children and their families. Through a consortium of Minnesota higher education training programs, Part D of EHA provides funds for pre-service to meet the demand for early childhood special education teachers.

The use of discretionary monies has directly impacted the supply of licensed early childhood special education teachers in Minnesota and has impacted local district planning to expand services to young children from birth. The number of young children served has doubled in the last two years.

## USING DISCRETIONARY MONIES AS A SUPPORT TO STATEWIDE PLANNING

Following are two example services that were developed to support statewide planning for all children and youth with handicaps. They include: (1) ARISE leadership training; and (2) Parent Advocate Coalition for Educational Rights (PACER).

Alliance for Renewal in Special Education (ARISE). ARISE is an annual 25 day leadership training program for 12-15 directors and supervisors of special education, five-eight regular administrators and parents, and five state staff. The focus of the training program is on leadership during a time of profound change. The framework for the training includes: (1) Emerging trends - global and societal issues and their impact on general education and special education; (2) transformational leadership - models for leadership during times of change; (3) systems interaction - dynamics of groups (communities, organizations, work teams, etc.); and (4) individual response to change - personal ability to activate, cope with stress and empower self and others.

The ultimate goal of ARISE is to ensure a free and appropriate public education for all children with handicaps by augmenting the leadership capabilities of local and state administrative personnel. ARISE has had more impact on local and state communications and on personal growth of the individual local and state special education leaders than any other project in Minnesota. Evaluations have all been clearly outstanding and many participants have shared that this training program has changed their lives. ARISE is in its sixth year. It was orginally funded through a three year Part D of EHA grant and has been continued through federal discretionary dollars. Follow-up activities include the development of mini-ARISE leadership training programs in some school districts.

Parent Advocacy Coalition for Educational Rights (PACER). PACER is a coalition of 17 Minnesota disability organizations and is considered a statewide "Center of parents helping parents." The Center provides information and inservice about laws and procedures, and parent's rights and responsibilities. While the focus is training and information for parents, there are as many special education teachers and administrators that attend their workshops as there are parents. This demonstrates the open communication that is encouraged.

PACER has developed projects for parents, students and schools through state and federal discretionary projects. State projects include the development of a surrogate parent training program, a transition training program for parents, and a computer resource center. Federal discretionary grants include supported employment program for parents, Technical Assistance to Parent Programs (TAPP), and Collaboration Among Parents and Health Professionals (CAPP).

Minnesota's parent center is considered the backbone of all that is done through special education in the State. Parents are specifically invited to participate on every task force and working committee and they are invited to attend any workshop that is sponsored by the Department.

The open parent and professional communications have provided a strong force for ensuring appropriate services to all children and youth with handicaps. As a side note: there were only four-five due process hearings in Minnesota last year. This has occurred because of the involved cooperation and the open communications between the professional and parent communities.

## USING DISCRETIONARY DOLLARS TO DEVELOP MODEL DEMONSTRATION PROJECTS WITHIN THE STATE

Following are two examples of demonstration projects which were developed to address identified priority issues in the state. They include: (1) Providing Services for Students Who are Hearing Impaired Within Their Home Community; and (2) Integrated Education for Learners with Severe Disabilities.

Providing Services for Students Who are Hearing Impaired Within Their Home Community. A comprehensive program for approximately 350 hearing impaired students, from birth to age 21, is provided in their home community through Intermediate District 287 in the western suburban school districts of the Minneapolis area. Federal and state discretionary grants have supported the study and expansion of these services within the community. Unique aspects include: Three teachers who are deaf themselves; early intervention beginning at birth; vocational planning, training and job placement are integrated into the

IEPs of secondary-aged students; use of the latest adapted software and computer technology; socialization and athletics through their local/home district; and sign language courses for parents, nonhandicapped peers and staff.

Integrated Education for Learners with Severe Disabilities. The MUAP, in cooperation with Intermediate District #916 and the Department, has supported an Institute on Community Integration at the University of Minnesota. Through the Institute, various projects (including a federal discretionary project - the Integrated Education Technical Assistance Project) support and promote the implementation of effective integration practices for school, work, home and community life for children and youth who are severely handicapped. Some 60 Minnesota public school districts are fieldtesting and implementing integration practices for these students. A jointly sponsored (MUAP and Minnesota Department of Education) National Conference on Integrated Education: Realizing the Vision, is planned for October 19-20 in Minneapolis.

Model Demonstration Projects can become the seeds for new initiatives within a state. These are two examples which will impact future directions for coordinated planning at the individual student level, within each community and between the various agencies and programs at the state level.

## STATEWIDE NEEDS FOR DEMONSTRATION PROJECTS AND PLANNING

A statewide 40 member representative task force of special educators, regular educators, parents, higher education personnel and other agency personnel identified the following as priority unmet special education needs in Minnesota for 1989-90:

(1) Coordinate with regular education at the state and local levels for preservice and inservice, certification, accreditation, program evaluation, resource allocation, and roles and areas of responsibility.

(2) Develop community living and employment opportunities for youth with severe handicaps.

(3) Develop procedures for program quality through the state monitoring and program evaluation process.

(4) Develop innovative financing for programs but do not shift additional costs to the local districts.

(5) Re-examine the regional itinerant low incidence services (especially for autism and other severe handicaps).

(6) Increase IHE, SEA and LEA linkages to meet recruitment needs of low incidence staff and staff development needs, especially in indigent rural areas.

(7) Clarify terminology for serious emotional disturbance and increase service delivery and the number of qualified staff.

(8) Market and disseminate promising practices.

In Minnesota, the State Special Education Advisory Council (SEAC) plays an active role in determining the needs of children and youth with handicaps. Following, is a summary of the needs identified by them during September, 1988:

(1) Appropriate special education services must be provided to populations of students who have low incidence handicapping conditions, especially in rural areas.

(2) Districts and regions have difficulty locating and employing fully licensed staff to serve low incidence areas. Teacher training institutions need to look at the supply and demand of special education teachers in the state and to examine the types of skills needed by new teachers. Inservice is needed for licensed special education teachers and for regular education teachers and administrators who increasingly are met with handicapped students in their classrooms.

(3) Fiscal resources, funding equity and the funding balance between regular and special education are ongoing concerns. It was emphasized that funding should be driven by student needs rather than by the existence of services or staff. Additional resources, such as for technology, are also needed.

(4) Issues in providing early childhood special education and interagency services to children from birth to age five who are handicapped and their families continue to be of concern. Issues include what is educational and what is medical? What is the role of county social services? Districts will become medical assistance providers and may receive reimbursement from those funds.

(5) The coordination of regular and special education is crucial if all needs of all students are to be met. Discussions need to include teacher consultation models, special education services models provided within the regular education classroom, clarification of roles of the building principal and the regular education teacher, and having two documented interventions prior to referring a student to special education. Integrating students with moderate and severe handicaps into the regular classroom is of particular interest.

(6) Concerns continue to arise regarding the development of entrance and discontinuance criteria for determining handicapping conditions.

(7) Issues regarding transition of students from special education to secondary vocational education to postsecondary education, training, employment and community living continue to be identified. Of particular concern is the fact that 50-75 percent of the adults with disabilities are unemployed and what should be done at the secondary and in secondary vocational education services to meet students' needs before they enter postsecondary employment needs to be addressed.

(8) Issues regarding the provision of special education and interagency services to children and youth who have emotional/behavioral disorders continue to be unresolved. This includes coordination between districts and care and treatment facilities, correctional facilities, and the court system.

(9) Issues have been raised regarding the State monitoring of local district special education programs. This includes the sanctions applied, consistency concerns and who monitors the monitors.

(10) Questions have been raised regarding whether we are getting the best use of our state and federal dollars statewide. This includes legislative concerns for accountability.

(11) Issues regarding caseloads and class sizes of special education and regular education programs.

(12) A continuing concern was expressed that there is a need to address the effectiveness of special education and other education services.

Other needs identified in Minnesota's P.L. 94-142 State Plan include:

(1) Orientation and mobility preservice, inservice and personnel.

(2) Low incidence services, especially in rural areas, for children and youth who are physically handicapped, visually handicapped, hearing impaired, autistic and severely mentally handicapped.

(3) Interagency coordination of services, at the individual level, the community level and at the state level for students who are seriously emotionally disturbed.

(4) Communications with children and youth who are hearing impaired.

In closing, Minnesota's parents, special education professionals and other agency personnel have been able to collaborate on a number of state and federal discretionary projects in order to be more efficient and effective in ensuring appropriate special education services for all children and youth with handicaps. The collaboration has come about because of concentrated efforts by all parties to communicate and complement rather than compete about or duplicate services. Sometimes this happens after specific grant applications are made for discretionary monies and funds are received for specific purposes. Often grants are written to address state needs but by the nature of the national competitions are funded based on national agendas.

Through the Education of the Handicapped Act (EHA), State Education Agencies (SEAs) are charged with the responsibility of supervising the provision of special education services within a given State. In order to accomplish this, the EHA mandates that each State develop a comprehensive State Plan which must be approved by the U.S. Department of Education before any federal EHA funds can be received by the state.

It would be much more efficient, and I believe cost effective, to plan for Minnesota's needs through the State Plan process prior to and as a part of the process for applying for or receiving federal discretionary grants. I, therefore, recommend that federal discretionary programs be disseminated through grants or agreements which meet priority needs identified by a State in its Federally approved State Plan.

Thank you for this opportunity to share some of the activities being implemented in Minnesota to further services for children and youth who are handicapped. During this brief time with you, I could only highlight some of the activities. We are proud of what is going on in our State and we would be glad to share any further information as requested.

Respectfully submitted,

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Senator **Harkin**. Dr. Hale, thank you very much for being here and for your testimony. We will have some questions for you in just a second.

Pat Trohanis?

Mr. **Trohanis**. Good morning. I am Pat Trohanis, Director of the National Early Childhood Technical Assistance System. We are a collaborative information consultation organization, consisting of many professional disciplines, as well as parental expertise. We are sponsored by OSEP to assist America's 60 governing jurisdictions with their infant, toddler and preschool activities under Part H and section 619 of Public Law 99-457, and to provide assistance to grantees of the Handicapped Children's Early Education Program, better known as HCEEP.

I am pleased to have this opportunity to testify today and to share some information with you about this dynamic early childhood discretionary program.

During the late sixties, the U.S. House and Senate initiated efforts to support the idea that early intervention and preschool services were crucial if children with disabilities are to reach their potential. Through bipartisan congressional support, the Handicapped Children's Early Education Act was passed in 1968.

The HCEEP was instituted under this law and began its 20 year catalytic path in 1969, with the initiation of 26 grass roots or local based demonstration projects. I just have some charts to show. As circumstances in the field changed, new legislative and administrative initiatives were launched which evolved into a current discretionary portfolio of five complementary components which now includes demonstration, outreach, State research, and technical assistance for TA projects.

The demonstration or seed money projects have developed promising, fresh experimental approaches to services which have had positive impacts on young children and parents, as well as have had a very high continuation rate in their local communities beyond the Federal grant period.

The outreach component stresses the wider dissemination of learning and service approaches and the training of others to replicate their efforts. This Federal investment has yielded numerous replications for adoptions and has attracted many State and local funds for every dollar of Federal monies invested.

The State grant program was instituted to complement the grass roots efforts of the demonstration and outreach projects, and they were brought about to increase the momentum of change within our jurisdictions, by bringing change from the top down to complement the work that was being done at the local and grass roots level, to try and influence State planning, legislation, policies and budgets.

Another key piece has been research, and these projects have helped to create the knowledge base that we have been talking about this morning, particularly in the area of services for young children and families, and to help train future researchers.

Lastly, an on-going piece of the handicapped children's early education program has been technical assistance, and this on-going piece has supported the other components of the HCEEP portfolio, helped those components accomplish their goals and to help synthesize and export the good learnings from the diverse programs.

So, from yesterday to today, the change of these five components have just activated a lot of change. What I have in my testimony is just a short historical overview, and I will not go over that now, but just tried to earmark both legislative and administrative changes that have taken place since the beginning of the program over 20 years ago, and I think with the kinds of investments, the benefits have been very, very positive for this country.

Right now, this portfolio of five current programs, along with parents, policy-makers and other citizens, now face some new challenges that have emerged with the advent of Public Law 99-457 and its groundwork for a national policy on high-quality, flexible, comprehensive family-focused, multidisciplinary services.

Some of these challenges include developing and financing a coordinated service system, governance and the sharing of power, what was mentioned earlier, translating and using the knowledge generated from previous efforts, not just new stuff but what we have done over the past 20 years, and coordinating all of these efforts with other State and local early child-hood initiatives. There are so many initiatives that States are undertaking, and how does HCEEP fit in the construct of Public Law 99-457.

This new law has sparked the implementation of a number of activities involving HCEEP to address these challenges in the infant, toddler and preschool program. For example, all eligible jurisdictions are participating in the infant and toddler program and have identified their lead agencies, and all State inter-agency coordinating councils or ICC's have been formed and are working with an average of 11 different State administered early intervention programs and numerous community based infant and toddler programs.

As for America's 3-, 4- and 5-year-olds with disabilities, all eligible jurisdictions have focused their efforts on developing free appropriate public education entitlement opportunities. To date, Federal counts have shown about 38,000 more children receiving free appropriate public education during the 1987-88 school year in comparison with 1986-87.

A parent recently observed in a short paper that they had prepared for an ICC that I wanted to share with you about some of the hopes, schemes and rainbows of Public Law 99-457: "Our arrival at Peter's diagnosis of autism has been circuitous and complex, but there is accounting here, for it speaks to the hopes, dreams and schemes Public Law 99-457 is striving to accomplish for all children and their families. Our family has crawled through an incredulous maze in the last two and a half years, through black holes and windows of light, and we still have a lot of traveling to do. The developmental pediatrician was able to connect us with the preschool, where Peter was allowed to enter to receive early intervention services. This was a godsend that would direct Peter's early development and teach us as a family ways to participate in his new gains. The importance of intervention was the significant turning point for us. We felt rescued. A choice all parents are entitled to is hope, it's free and exercising it doesn't meant you have accept your child's problem."

In closing, HCEEP and its package of discretionary projects has served as a catalyst for action, change and improvement, through its creation of new knowledge, plans of comprehensive service systems, the dissemination of new knowledge, and the stimulation of new services. HCEEP has contributed to increases in the quantity and quality of services to young children with special needs and their families.

Now, as HCEEP moves ahead and as you celebrate our U.S. Senate's Bicentennial, I hope that you will continue to look favorably upon this productive and responsive 20-year-old program of innovation and continue to support its capacity to help others learn from and capitalize on its successes.

Thank you.

[The prepared statement of Mr. Trohanis follows:]

# PREPARED STATEMENT OF PASCAL LOUIS TROHANIS

## Outline

I. INTRODUCTION

II. EARLY CHILDHOOD DISCRETIONARY PROGRAMS: YESTERDAY TO TODAY

- A. Background
- B. Portfolio of Projects and Some Accomplishments
  - 1) Demonstration
  - 2) Outreach
  - 3) State
  - 4) Research
  - 5) Technical Assistance
- C. New Challenges Sparked by P.L. 99-457
- D. Activities Underway to Respond to Challenges
- E. Other Relationships and Impacts

III. CLOSING

IV. REFERENCES

V. ATTACHMENTS

#1 -- HCEEP Overview
#2 -- Historical Summary of HCEEP
#3 -- Abstract of NEC*TAS

## I. INTRODUCTION

Good Morning Mr. Chairman and Members of the Subcommittee.

I am Pascal Trohanis, Director of the National Early Childhood Technical Assistance System (NEC*TAS). We are a collaborative information, consultation, and assistance organization consisting of many professional disciplines, as well as parental expertise. NEC*TAS is sponsored by the U.S. Office of Special Education Programs (OSEP) to assist all of America's 60 governing jurisdictions in planning and implementing early childhood activities under Part H and Section 619 of P.L. 99-457 and to provide assistance to grantees of the Handicapped Children's Early Education Program -- known as the HCEEP or the "First Chance Network."

I am pleased to have the opportunity to testify before this Subcommittee. You, together with many other dedicated citizens, form a chain of hope, partnership and action which is so vital in order to make the planning and implementation of the EHA's infant, toddler, and preschool initiatives a success for America over the next decade. As a professional who has been involved for over 17 years with technical assistance and with various types of EHA early childhood discretionary programs, I wish to share some information with you about this dynamic program, including the types of projects and accomplishments, new challenges and current activities, and relationships with other EHA and related programs at the federal and state levels.

# II. EARLY CHILDHOOD DISCRETIONARY PROGRAMS: YESTERDAY AND TODAY

## A. Where Have We Been?

During the first half of this century in our country, there were few services available to meet the needs of young children with handicaps, ages birth through eight years, and their families. Many children with disabilities were housed in residential or institutional settings. Although some children were served in public and private clinics or medical settings, few young children with mental retardation, blindness, hearing impairments, or emotional problems were served in the public schools. Services that did exist often were far away from the family's home communities. Not long ago, there were few exemplary programs for infants and toddlers with handicaps from which other service providers could learn; few university or community college programs to train people in early intervention; few preschool service programs in communities that actively involved parents; and little to no research findings to guide practice and policy development. In local and state agencies, there was little service coordination or systematic planning and development activities; and few public federal, state and local dollars were allocated to address the needs of these special children and their families.

During the 1960s, growing awareness of the needs of and services for citizens with disabilities and new emphasis on helping families with young children in poverty led to the development of Federal programs such as Head Start, Mental Retardation Research Centers, and Medicaid. Additionally, both the U.S. House and Senate initiated efforts to provide leadership and show commitment to the idea that early intervention and preschool services are crucial if children with disabilities are to reach their potential. Through bipartisan Congressional support, P. L. 90-538, the Handicapped Children's Early Education Act, was passed in 1968 to accelerate the development of more and better services. The HCEEP program was instituted under P.L. 90-538 to generate and test experimental approaches to services that others might adopt or adapt. Congressional goals for this discretionary program were:

1) facilitate the intellectual, mental, social, physical and language development of children;
2) acquaint the community with problems and potential of young children;
3) coordinate with local school systems and other service providers; and
4) encourage parent participation.

HCEEP began its 20-year catalytic path in 1969 with the initiation of 24 locally based demonstration projects supported by a federal investment of one million dollars. From these beginnings, the "First Chance" discretionary program has evolved.

As circumstances in the field changed, new legislative and administrative initiatives were launched which evolved into a current portfolio of five complementary components budgeted at twenty-two million dollars. HCEEP now includes demonstration, outreach, state, research and TA projects. (See Attachment #1 for overview.) From yesterday to today, the interaction of these five components has ignited significant chain reactions for change and improvement in services for young children with special needs and their families. (See Attachment #2 for historical summary.). I will describe briefly each type of project along with highlights of some contributions and accomplishments. Then, I will discuss new challenges, current activities, and other relationships and impacts resulting from the passage of P.L. 99-457.

## B. What Types Of Projects Are Supported?

Today's HCEEP program consists of a portfolio of five types of projects which are coordinated and managed by the OSEP in the U.S. Department of Education, formerly the Bureau of Eduction for the Handicapped (BEH). Through its synergy, HCEEP produces new knowledge, plans and implements services systems, disseminates knowledge, and stimulates new direct services (COSMOS, 1986). Together, these activities are designed to stimulate innovation and the quantity and quality of services available nationwide for youngsters, birth through age 8 years. Each type of HCEEP project is described briefly and some of its accomplishments.

Demonstration Projects. This first type of project forms HCEEP's base and reflects a community-based or "grassroots" approach to accelerating action and change. HCEEP demonstration projects are essentially seed money projects funded for a 3-year period to develop promising and fresh approaches to services that are capable of being maintained in the host community and/or exported to others interested in adopting these programs. Change is intended to radiate outward from these grantees so that others may learn from and use the products of these projects and replicate their service models, thereby reaching more children and families.

Over the past 20 years more than 600 projects have been funded to demonstrate innovations in early intervention and preschool services. These projects have been dispersed widely across all states and many territories.

They have used a variety of treatment strategies in home-based, center-based, or home- and center-based settings to address the needs of children with a range of handicapping and at-risk conditions including mental retardation, learning disabilities, speech and language impairments, multiple handicaps, AIDS, and blindness. For example, HCEEP has invested in creative projects which taught children with orthopedic handicaps through participation in improvisational theater; developed screening material in multiple languages for nondiscriminatory testing in public schools; and emphasized the need for services to infants at risk for developmental delays in hospital-home settings with a partnership of parents and health, mental health, special education providers. For 1988-89, 80 community-based projects are funded. Some have a special focus in inservice training, children with severe handicaps, least restrictive environments for children, or experimental approaches to serve specific populations.

The contributions and accomplishments for positive change of these locally based projects are many. Two studies of HCEEP, the Battelle study of 1976 and the Littlejohn study of 1982, published results about projects that included:

1) positive impact on children's personal social growth, adaptive behavior, cognition, and communication;
2) high levels of involvement by parents in the projects;
3) placement of graduates of these projects into many integrated settings in nursery schools, day care, kindergarten, and Head Start, as well as some special education classrooms; and,
4) high continuation rates of projects beyond the 3-year grant period.

In 1979, Swan (1980) surveyed the initial cohort of model projects that completed their 3 years in 1972. He found that 86% of the initial group had secured funds to continue all or much of their program model and operations in their communities. Other studies have concurred, citing with a 70-85% continuation rate for these model projects. Additionally, the HCEEP projects have left behind a legacy of numerous products, including print materials, curricula, computer programs, screening and assessment tools, training manuals, audiovisual programs, and procedural handbooks that can be used by other practitioners.

Outreach Projects. To assist demonstration projects in disseminating their service approaches and products and training others to replicate their efforts beyond the initial 3-year demonstration phase, HCEEP developed the outreach project in 1972 with an initial cohort of 19 grantees. As a complementary component to demonstration projects, outreach projects are charged with:

1) increasing awareness;
2) product development;
3) stimulating sites for new services;
4) training;
5) consultation; and
6) stimulating state involvement.

Approximately 200 grantees, located in public and private nonprofit agencies, have operated in all states and some territories. They have stressed various initiatives, such as training pediatric residents; helping state educational agencies plan for the inclusion of children with handicaps in kindergartens; stimulating new community programs using peer tutors and computer-based instruction; and building awareness about options for serving children in the least restrictive environment. For the most part, these projects were selected through an annual grant competition. Some projects received many years of support by being successful in the annual competitions; others were funded for only a few years. Recently, funding opportunities have been extended to a three-year grant period. Presently, the 23 national- and state-focused outreach projects are in the first year of a three-year cycle. This extension seems appropriate to the needs and work of outreach projects because of the stressors of product development and making agreements with replication and subsequent training sites.

Some of the accomplishments of these projects over time have included:

1) numerous replications of entire projects and/or components;
2) attraction of more non-HCEEP dollars for early intervention and preschool services development from the catalytic HCEEP dollars;
3) training of professionals and parents;
4) stimulation of collaboration with other local and/or state service agencies;
5) an impressive array of print and audiovisual products; and
6) the recognition of twenty-two of these projects for their excellence by the former Joint Dissemination Review Panel (JDRP) of the U.S. Department of Education.

Outreach and demonstration projects have been enormously successful in attracting additional monies for services. For example, between 1969 and 1980, for every dollar of federal money invested, approximately $18 was allocated in state and local funds to continue or replicate services. HCEEP projects also have attracted a great deal of voluntarism.

State Projects. This type of project was instituted to increase the momentum of change in states and complement the local grassroots approach of demonstration and outreach grantees. This project component represents an investment in promoting change "from the top down" by influencing state planning, policies, budgets, and legislation, as well as promoting expansion of comprehensive services suited to the unique needs and history of each jurisdiction.

The state discretionary initiative began in 1973 with a pilot effort in three states to enhance their capabilities in planning policies and expanding and improving services for young children with special needs and their families. It was intended that their experiences would be shared with other jurisdictions. Through their State Educational Agencies (SEAs), special educators began to explore the complexities of planning for preschool services.

With a growing societal and political awareness about the service needs of preschool youngsters, more states clamored for an opportunity to begin a planning process. Between 1974 through the summer of 1976, B.E.H. supported the provision of technical assistance (TA) to SEAs for planning and for dissemination of findings from the three pilot states. Approximately 30 jurisdictions were chosen to participate in this voluntary TA effort, which was provided through the TADS project at the Frank Porter Graham Child Development Center of the University of North Carolina at Chapel Hill. Thus, the groundwork was laid for the planning and development of statewide service systems.

With the passage of P.L. 94-142 and its Part B and Preschool Incentive Grant (PIG) provisions and resources, many states believed that additional federal planning monies were needed -- especially to help expedite activities in those states that already were preparing legislation that would require special education and related services for pre-kindergarten youngsters with handicaps. These planning needs and concerns helped shape the development of the next step in the early childhood discretionary program effort: the State Implementation Grants (SIGs). Fourteen SIGs were funded to SEAs in late 1976. Their efforts focused on diverse activities, such as public awareness and building legislative support, child find, parent training, and developing a model for collaborative state planning involving health, education, developmental disabilities, social services and mental health. By the end of this program in 1984, 46 of America's 60 governing jurisdictions had participated in this competitive grant program at some time, with awards ranging from approximately $37,000 to $260,000.

While programs such as the SIG and those sponsored by other federal agencies as Maternal and Child Health, Developmental Disabilities, and Mental Health have made progress toward our nation's goal of coordinated services to all young children with special needs and their families, the full potential and integration of these efforts was not yet realized. In 1983, Congress, advocates, parents, and representatives from public and private agencies worked for new federal legislation to accomplish the goal of filling the remaining service gaps, while resolving overlaps in what was envisioned to be a comprehensive service delivery system. A consensus emerged that a redirected national initiative was needed. This need led to the passage of P.L. 98-199 which authorized the Early Childhood State Plan program of HCEEP. The program began in 1984 and was scheduled to be an eight-year effort. Fifty-seven jurisdictions participated in this program, and approximately seven million dollars a year was allocated to these discretionary grants with an average state award of $100,000. Goals for the Early Childhood State Plan grants included: examining what was needed to design comprehensive services for youngsters birth through 5 years and their families; establishing interagency planning groups to facilitate this development; and developing interagency agreements. Almost all grants were housed in SEAs with a small number in other state agencies.

After only three years of this program, Congress perceived a need to reconfigure the comprehensive planning initiative and to promote more rapid and dramatic change in states and communities. States now are being challenged to move to the next plateau of their development through the new initiatives and resources of P.L. 99-457, passed overwhelmingly by Congress on October 8, 1986, which supersedes the previous state planning efforts.

P.L. 99-457 has created the groundwork and set a rigorous timetable for a national policy on high quality, flexible, comprehensive and multidisciplinary services. It recognizes the benefits of early services and the reality that no single discipline, agency or advocate can be expected to provide all necessary services for this population. It provides assistance to states to build collaborative systems of service delivery. And it recognizes the unique role of families in the development of their children with disabilities. Such comprehensive inclusion of the family goes well beyond the parental role required in Part B of P.L. 94-142. Parents not only retain their planning, participation, and decision-making role, but they can also be recipients of services designed to support their efforts to meet the special needs of their children.

The Part H (Infant/Toddler) and Section 619 (Preschool) state grant initiatives are but another vital step in addressing the requirements of young children with special needs and their families. As Weiner and Koppelman (1987) have observed: "P.L. 99-457 can be the springboard to reform. The choice -- and the responsibility -- is left to the states" (p. 109). With this state responsibility come some general challenges and implications for improving and expanding comprehensive services over the 5-year phase-in period outlined in this law.

The first series of Part H and Section 619 grants were awarded during the summer of 1987 with a significant infusion of new federal monies to serve as stronger incentives for states to intensify the service development efforts over a phase-in period. Thanks to strong bipartisan congressional support, the Part H Infant-Toddler initiative was supported by $50 million of brand-new monies, and appropriations have risen to $67 million and $69.8 million in subsequent years. The Preschool program jumped from approximately $28 million to $180 million, and subsequent appropriations have been increased to $201 million and $247 million. Presently, all eligible governing entities are participating in these two interrelated programs.

Research Projects. A fourth type of HCEEP project type is that of research institutes. Beginning in 1977 with four projects, this component sought to add the capability of conducting long-term studies to create knowledge on diverse topics and to help train future researchers. Since the program's inception, a total of 10 institutes have been supported. Their work has explored questions related to the social, emotional, physical, cognitive, and behavioral aspects of exceptional child development and behavior; theories and methods of intervention; parental involvement; diagnostic and assessment approaches; programming for children with autistic-like characteristics; cost and efficacy of early intervention; and personnel preparation.

The contributions from the institutes have been diverse. A number of measurement tools have been developed, books and monographs prepared, and articles published. Additionally, a large number of graduate students have been trained, as well as professionals involved in inservice training.

These institutes continue to seek practical solutions and discover sound strategies to the complex challenges facing service providers, policy makers, parents, and trainers. Currently, there are three HCEEP research institutes in operation and they are working closely with other federally-sponsored institutes in areas such as policy analysis and pediatric training.

*National Technical Assistance Projects*. A fifth component of the early childhood discretionary programs is that of technical assistance (TA). Since 1970, national TA efforts have been an ongoing part of HCEEP. TA projects have sought to increase a project's or state's abilities to accomplish its goals and activities; to provide support and foster collaboration among project and state staff; to train staff about other state practices and innovations; to synthesize early childhood knowledge and best practices; and to package and disseminate this know-how nationwide to multiple user groups. The TA agencies have provided their services to OSEP, HCEEP projects, and other state clients through various strategies such as on-site consultation, small group training workshops, large topical conferences, field visits, publications, ongoing liaison and problem-solving, media products, resource referral, teleconferences, and electronic mail systems. Products have included the annual Directory of HCEEP and other federal early childhood projects, monographs, newsletters, and journal articles. Finally, national TA efforts have helped develop a nationally focused information base on early childhood.

The most recent national TA effort which began in the fall of 1987 is the National Early Childhood TA System (NEC*TAS). It is sponsored by OSEP to support the nationwide Part H, Section 619, and HCEEP efforts of P.L. 99-457. (See Attachment #3 for abstract of this project.) The NEC*TAS approach to TA seeks to address the unique needs of each governing entity, as well as their collective needs to help them fulfill their comprehensive service goals. During the fall of 1988, teams of state and territorial representatives identified high priority needs for TA for their respective jurisdictions. These needs were analyzed and classified for a National TA Plan. These needs serve as the NEC*TAS blueprint for TA services to be provided during 1989. The state needs clustered in the following manner:

1) Interagency coordination
2) Finance
3) Least restrictive environments
4) Child identification
5) Data collection
6) Personnel preparation
7) Family issues
8) Program evaluation
9) Public awareness

NEC*TAS also is making every effort to coordinate its TA Plan services with other TA and related organizations. We maintain active liaison with groups such as the Regional Resource Centers, Resource Access Projects, Research Institutes, and the Technical Assistance for Parent Programs project. Our collaborative TA system is pleased to be a part of and to contribute to this national effort.

## C. What New Challenges Have Emerged Given P.L. 99-457?

The five interactive components of the HCEEP program now face a number of new challenges which have emerged during the brief life of P.L. 99-457. Eight general challenges are facing the parents, professionals, agencies, and policymakers in their jurisdictions as they seek to develop collaborative strategies for delivering comprehensive services for young children with special needs and their families. Briefly, these are:

1) the challenge of developing a coordinated service system when the Part H grant is administered by the same state agency as the Section 619 grant (22 jurisdictions) vs. by two different lead agencies (36 jurisdictions);

2) the challenge of building and financing comprehensive and coordinated services within a political and economic context that may not be supportive;

3) the challenge of governance and the sharing of power among agencies, disciplines, parents, and professionals;

4) the challenge of promoting fundamental changes in the attitudes and value systems of those who plan and provide services so as to best address the needs of young children with special needs and their families;

5) the challenge of translating, dispersing, and using the knowledge generated from research, model development programs, TA, and previous state efforts;

6) the challenge of developing tools and technologies (e.g., assistive devices, assessment instruments, curricula) to meet the requirements of new federal, state, and local policies; and,

7) the challenge of coordinating all of these efforts with other state and local early childhood initiatives dealing with child abuse, compensatory education, teenage pregnancy, prevention, pre-kindergarten programs, welfare-related child care, and at-risk for school failure programs.

## D. What Activities Are Being Undertaken?

To address these new challenges and help children and families reap the full benefits of high-quality local services, governing entities are building agendas for change which draw upon the expertise and experiences of various HCEEP projects. This agenda building includes establishing clear goals, posing strategy options, delineating resource contributions, calling for participatory planning, and addressing implementation and evaluation. In constructing agendas, jurisdictions are relying on the phase-in timetables specified in P.L. 99-457. And, they are undertaking a set of simultaneous and complementary planning activities at state and local levels. Activities include identifying types of services that would be helpful to families of children with special needs which are individualized to respect family differences and which encourage the use of naturally available sources of support; planning identification and referral services; engaging in policy development; and designing systems of personnel development that incorporate factors of cultural diversity, urban, and rural settings.

The implementation of P.L. 99-457 calls for a number of systematic changes in people, organizations, policies, and procedures which will require an extensive outlay of resources, communication, time, and effort. Bringing about changes through collaboration involves a sharing of common goals, mutual commitments, and decisionmaking. To date, P.L. 99-457 has sparked the implementation of a number of activities in jurisdictions and has generated the formation of partnerships with other HCEEP project components. Here are some examples of activities for the Infant/Toddler (Part H) and Preschool (Section 619) programs.

Infants/Toddlers. All eligible jurisdictions have identified their lead agencies and all state interagency coordination councils (ICCS) have been formed and most have held at least one meeting. States have reported working with an average of 11 different state-administered early intervention programs and numerous other community-based programs. All states are working on their definitions of developmental delay and tapping the expertise of many parents and professionals. Many are instituting innovative pilot projects which are modeled after HCEEP demonstration projects. Many are paying for the direct provision of services to children and families. A number of states have developed planning matrices which take into account the dimensions of philosophy, methods, and system components. Some states are focusing their collaborative planning from birth through age 5 years so as to develop a "seamless service system" as conceptualized by some Early Childhood State Plan Grants. Some have designed public awareness programs; developed Individualized Family Service Plans (IFSPs); conducted topical "town meetings;" drafted state legislation with fiscal notes; and held meetings of their Institutions of Higher Education to discuss personnel preparation issues. Many have established regional or local interagency planning groups to intersect with the work of the state ICC and lead agency. A number of ICCs have formed task forces to help develop policy recommendations in various areas. Thus, productive activities and changes on behalf of infants/toddlers and their families are being generated across our nation by learning from HCEEP contributions.

Preschool. As for America's eligible 3, 4, and 5 year olds with disabilities, jurisdictions have focused their efforts on developing Free Appropriate Public Education (FAPE) entitlement opportunities. To date, federal counts have shown about 38,000 more children receiving FAPE during the 1987-88 school year in comparison with 1986-87. Most governing jurisdictions that currently do not have mandates below school age for special education and related services anticipate making legislative changes in age mandates to age 3 by 1991-92 by soliciting help from HCEEP personnel, parents and others. Most are re-examining their eligibility criteria, service program designs, and policies pertinent to the least restrictive environment by analyzing the outputs of research, community projects, and other state efforts. Many interagency agreements are being crafted between the SEA and other agencies such as Head Start, health, and social services with examples provided by the NEC*TAS project. Hence, improvements continue to be made by tapping the HCEEP knowledge and experience base.

## E. What Other Relationships and Impacts Can Be Identified?

The Federal investments in the portfolio of HCEEP discretionary projects and in the current Part H and Section 619 activities of P.L. 99-457 must be seen as pieces of a larger picture of early childhood services and activities across our nation. As a result, relationships and impacts can be traced to other areas. For example:

1) Federal Legislation -- The legacy of HCEEP has maintained an awareness within Congress so that the concerns of young children with disabilities and their families are considered as new legislation is developed. For example, pending currently before your Committee on Labor and Human Resources is S.5 to provide for a Federal program for the improvement of child care. There are numerous times in this bill that the needs of children with handicaps are mentioned, along with calls for the coordination with other local, state and federal programs. In my judgment, should this proposed legislation become law, there will be numerous opportunities to make use of the learnings from HCEEP demonstration, outreach, research, state, and TA projects.

2) Other Federal-Level Activity -- The experiences of HCEEP and the needs of young children with handicaps increasingly are being interwoven with other discretionary grant programs. For example, other EHA initiatives in personnel preparation, research, policy analysis, technology are infused with priorities and opportunities to serve young children and families. Additionally, there are increased calls for program relationships with other federal programs sponsored by the National Institute on Disability and

Rehabilitation Research, Administration on Developmental Disabilities, Bureau of Maternal and Child Health, National Institute of Mental Health and Administration on Children, Youth, and Families.

3) State Initiatives -- HCEEP has become an integral piece of composite policy planning at the state level. States that are wrestling currently with how best to address the diverse needs of children with and without handicaps and their families -- daycare/childcare; early education; parent education; Even Start; prevention programs including teenage pregnancy; Chapter 1; migrant and bilingual education; pre-K programs; and, Head Start -- are looking to tap the rich knowledge and experience base of HCEEP.

4) Manpower -- HCEEP has contributed significantly to the growth of the professions and expertise related to early intervention and early childhood special education. The expanded numbers of qualified professionals can be attributed to people being recruited to participate in HCEEP projects and being trained by projects to acquire new and improved skills in serving infants, toddlers, preschoolers, and parents.

5) Other Spinoffs -- HCEEP has spun off further innovative practices. For example, early in the 1970's, several HCEEP projects worked closely with the then Office of Child Development (OCD) in helping to support the inclusion of youngsters with handicaps in Head Start Centers. More recently, HCEEP has provided leadership through the replications of its TA systems in other federally sponsored programs such as Developmental Disabilities, National Diffusion Network, Resource Access Projects of Head Start, Basic Skills, and Parent Training and Information Centers.

## III. CLOSING

HCEEP and its package of discretionary projects has served as a catalyst for action, change, and improvement. Through its creation of new knowledge, plans for comprehensive service systems, dissemination of knowledge, and stimulation of new services, HCEEP has contributed to increases in the quantity and quality of services available for youngsters with special needs, birth through age 8 years, and their families. Two former HCEEP demonstration and outreach project directors made these observations about the persistent and quality efforts of the "First Chance Network:"

> Children who were previously ignored, denied or forgotten are receiving services. The (national) effort has been overwhelming -- but so have the results. Mark Twain once said, "Loyalty to petrified opinion never yet broke a chain or freed a human soul." The First Chance Network has resulted already in many a broken chain and many a child set free to be himself. (Pefley and Smith, 1976, p. 128).

Now HCEEP faces major new challenges in assisting with the nationwide implementation of P.L. 99-457. So, as you celebrate our U.S. Senate's bicentennial, I hope that you will continue to look favorably upon this productive and responsive 20-year-old program of innovation and continue to support its capacity to help others learn from and capitalize on its successes.

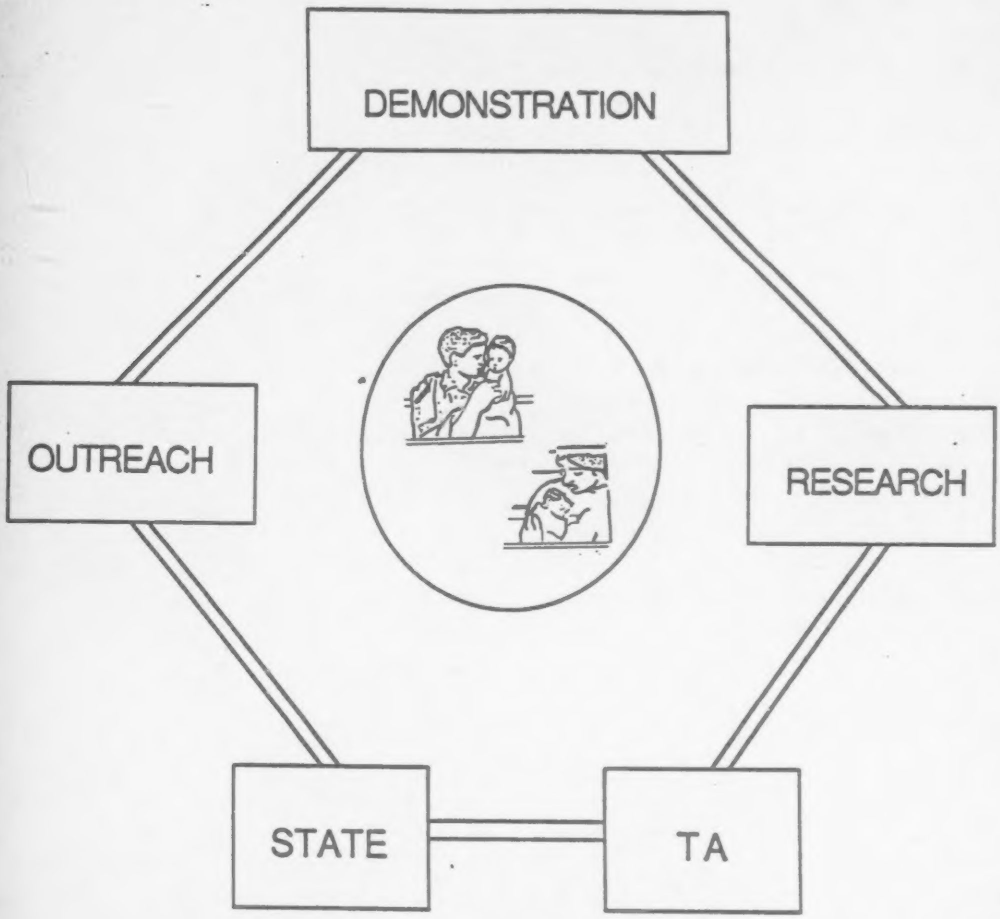
High quality early intervention and preschool services must be seen as an investment in the future of our nation and not a mere expense. To maximize this investment, partnerships must be created, collaborative activities implemented, and policies enacted. Thank you for being a partner in this process of hope and action which is so crucial to making the EHA's infant, toddler, and preschool initiatives a success.

## IV. REFERENCES

1. Battelle Center for Improved Education. (1976). Battelle Evaluation of HCEEP. Columbus, OH.
2. COSMOS Corporation. (1986). COSMOS Goal Evaluation of HCEEP. Washington, DC.
3. Littlejohn Associates. (1982). Littlejohn Analysis of the Impact of HCEEP. Washington, DC.
4. Pefley, D., & Smith, H. (Eds.) (1976). It's Monday Morning. Chapel Hill: TADS.
5. Swan, W. (1980). The HCEEP, Exceptional Children, 47(1), 12-16.
6. Weiner, R., & Koppelman, J. (1987). From Birth to Five: Serving the Youngest Handicapped Children. Alexandria, VA: Capitol Publications.

Attachment #1

# THE HCEEP PORTFOLIO


DEMONSTRATION
OUTREACH
RESEARCH
STATE
TA

Attachment #2

## STIMULATING SERVICES FOR YOUNG CHILDREN WITH SPECIAL NEEDS AND THEIR FAMILIES: A HISTORICAL SUMMARY AND OVERVIEW OF EHA DISCRETIONARY AND RELATED INITIATIVES

| | |
|---|---|
| 1968 | P.L. 90-538 and HCEEP instituted |
| 1969 | First HCEEP Model Projects funded (24) |
| 1970 | National Technical Assistance (TA) made available |
| 1972 | First Outreach Projects funded (17)<br>P.L. 91-230 (EHA) instituted along with Title VI-C for HCEEP |
| 1973 | Pilot State Planning Grants awarded (3) |
| 1974 | Technical Assistance offered to State Educational Agencies (SEAs) in planning for early childhood services |
| 1975 | P.L. 94-142 and Preschool Incentive Grants (P.I.G.) instituted |
| 1976 | First State Implementation Grants in SEAs funded (14) |
| 1977 | First Early Childhood Research Institutes Funded (4) |
| 1983 | P.L. 98-199 instituted and first Early Childhood State Planning Grants funded (27), P.I.G. authority lowered to birth, and TA authorized |
| 1986 | P.L. 99-457 instituted with numerous new early childhood initiatives |
| 1987 | First Part H Infants/Toddlers State Grants funded (58)<br>First Section 619 Preschool Grants funded (58)<br>National TA Project funded (1) |

# THE NATIONAL EARLY CHILDHOOD TECHNICAL ASSISTANCE SYSTEM

Attachment #3

The Frank Porter Graham Child Development Center (FPG) of the University of North Carolina at Chapel Hill and our collaborators have been selected by OSEP to serve as a National Early Childhood Technical Assistance Program to design and provide technical assistance (TA) to state agencies and other appropriate institutions, organizations, programs and projects within each state. Our mission is to assist states in the development and provision of multidisciplinary comprehensive and coordinated services for children with special needs (birth through eight years of age) and their families that will permit them to reach their optimal developmental potential, and participate in their family and community life with dignity and self respect.

Reflecting the cooperative spirit called for in P.L. 99-457, the National Early Childhood TA System presents a collaborative plan for nationwide TA. The approach includes multi-disciplinary professional and parental expertise to support the development and implementation of new and improved comprehensive services in states. Our team approach involves six organizations — FPG Center at UNC-CH (as prime contractor) and five key collaborative units (subcontractors) — Georgetown University Child Development Center, the National Center for Clinical Infant Programs (NCCIP), the National Association of State Directors of Special Education (NASDSE), National Network of Parent Centers, and the University of Hawaii. This constellation of talent and expertise reflects our belief that multiple resources are needed to meet the diverse needs of TA clients.

In addition to the competent staff across these six organizations, our TA approach will be supplemented by the involvement of many nationally recognized experts and consultants. A distinguished ten-person Advisory Group will provide program guidance and quality control. We will also maintain liaison with other key TA groups and special projects for the purposes of collaborative TA planning and implementation.

Our approach will meet three major goals:

1. to help community agencies and other entities develop their capacity to provide high quality comprehensive services to all children with special needs and their families;

2. to help each state explore, develop, and operationalize statewide policies and practices for accomplishing their goals and activities in relation to improving and expanding comprehensive services; and,

3. to help facilitate the national exchange of up-to-date research and best practice information via communication, materials, and linkage strategies among states and national resource groups and organizations.

We believe that our TA program will be responsive to the unique and dynamic nature of states and the needs and interests of other clients. We are proud of our past contributions and certain that the new TA System will build on the tradition of excellence embodied in our collaborating organizations.

For more information, please contact:

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Senator HARKIN. Thank you very much for your testimony.

Dr. Sherril Moon, welcome to the subcommittee. Please proceed.

Ms. MOON. Thank you.

Since the EHA was first enacted, a whole generation of students have now reached graduation age. It really is the discretionary programs on transition that have given them the chance in the adult world, and literally thousands of graduating students with disabilities, who used to sit at home watching television, are now working productive citizens or are attending postsecondary educational options.

I think the cast studies in my written testimony provide typical examples of what students have been able to do because of discretionary programs. Autistic students, such as one I know in Virginia, is now attending VPI. There is a young man in Iowa with mental retardation and severe behavior problems who is working in a wonderful job, loving life. He was the feature of an Iowa public television program in November that was really wonderful.

We do have hard data on outcomes of these transition programs, which are quite wonderful and I want to share a little bit of that with you. Forty-two of our 50 States have at least one service delivery model that can be replicated, that shows that transition programs have done. We have shown across the country that transition can work in suburban, metropolitan and rural areas, although most of these programs have been done to date in urban or suburban areas. Hundreds of thousands of students have received direct services because of transition discretionary programs, and tens of thousands of professionals, families and business and community people have received training.

Seventy percent of all programs that have received discretionary moneys have produced materials that enabled them to be replicated. In a majority of the States where discretionary programs on transition has been enacted, there has been shown formal collaboration between State agencies, and Minnesota is a model, by the way, for that kind of interagency collaboration.

We also have just begun to get really good research data on what best practices are in this area, and this data has just begun to come in after six years of collection and analysis, and we definitely need more time to establish that.

We also have definite established personnel prep competency, and in fact the Federal Department of Education has put together personnel prep competencies from colleges and universities that have received discretionary programs, and we now have a set that colleges and universities across the country can use in establishing training programs.

We have done a lot, but we need more time so that we can get to every student, every school and every community. Here are some future needs that we believe need to be addressed in the reauthorization of transition discretionary programs. We need better dissemination of information. It is no longer okay for people in universities or State department levels just to write journal articles. We need public television. We need network television, radio, newspapers, newsletters that can go out to thousands of people so that the community at large can know what transition means and what it does.

Every State needs a formal data collection system to keep track of what happens to its graduates of special needs. States need to implement it and then local school systems need training and monitoring on how to collect that data and how to analyze it, because really looking at what happens to your graduates is the only way to improve programs for younger students.

People and groups that receive discretionary moneys, particularly universities and State departments, need to provide technical assistance directly to localities on an on-going basis. Conference presentations, one-time visits is not enough, and people need to be accountable for what they use these funds for and how they provide technical assistance to local school systems.

Finally, I think there are two other legislative actions that probably could help in the transition effort as much as the reauthorization of these discretionary programs. Amendments to Part B requiring a mandatory individual transition plan or some sort of IEP that addresses transition would help every student in the system, not just those who are receiving discretionary funds.

Finally, passage of the Medicaid Community Quality Services Act or the Chafee bill that was introduced a while back would help adult service providers and communities provide the same sort of service that the schools are able to provide because of the use of Medicaid funds. We have done a lot of work and we have made a lot of progress, but we have a lot more to do, but it is happening and we have the data on it.

Thank you.

[The prepared statement of Ms. Moon follows:]

## PREPARED STATEMENT OF M. SHERRIL MOON

Thank you very much for this opportunity to talk to you about the impact of discretionary programs, Parts C through G, of the EHA on the transition of students with handicapping conditions from school to post-secondary and adult services. I have been involved in research, training, and demonstration projects at the national, state, and local levels that have been made possible by these programs for the past five years, and I have seen first hand how the lives of thousands of people with disabilities have been improved.

### Successful Facilitation of Transition through Discretionary Programs

Congress and the U.S. Department of Education's Office of Special Education and Rehabilitative Services must be commended for focusing since 1983 directly on the transition of students with special needs to adult life. Allow me to provide you with some information about the outcomes of your efforts.

### The Impact on Individual Students, Teachers, Families, Businesses, and Communities

The most important outcomes of these EHA discretionary programs are the assistance they have provided directly to students with special needs. We have learned in a very short time the great potential that these young citizens have. These four case studies are typical examples of how a person, a family, a business, and a community have been improved by the work made possible by discretionary grant funds. These are real situations.

Case Study #1. Mitch Good is a young man from Amana, Iowa who is mentally retarded. Before a transition project helped him get a job at the Ox-Yoke Inn, he was considered to be "listless, nonverbal, and to have several behavior problems." Now that he's working and earning $3.50 an hour, his mother reports that he talks about everything, works at home, and is very energetic. He also has a whole new circle of friends and feels great about life. The project staff, who under the direction of Dr. Dave Wacker from the University of Iowa enabled Mitch to get a job, report many successful stories like this. In fact, they spread the news on a fantastic show broadcast on Iowa Public Television in November. Business people, students in the program, and the public indicated absolute belief in the "new found" employment potential of Mitch and many others like him. People all over the state who watched the show were amazed and wanted to know more about transition.

Case Study #2. Gail Epps is a teacher of students with severe and profound handicaps in rural King William County, Virginia. She had taught students with learning disabilities for five years before taking her current job. She knew nothing about transition and community based training until she took three courses at a Virginia Commonwealth University. The courses were part of a transition personnel preparation grant that provided tuition and a small stipend to teachers enrolling in the three course, nine credit hour transition sequence. Gail now has all eight of her students in community jobs and the two students who are graduating this spring will be employed full-time at full company benefits. The rural community has helped Gail come up with a "neighbor transporting neighbor" transit system and local businesses now brag about their involvement in the program.

Case Study #3. Roberta Doherty is a student at Chelsea High in East Boston, Massachusetts. She has mental retardation, partial hearing impairment, and severe physical disabilities. Yet, she is able to earn $6.18 an hour as a part time union employee of United Airlines. A transition grant at Boston College and Children's Hospital under the direction of Dr. William Kiernan has enabled Roberta and other students from the Boston area to find good jobs in and around the city. Teachers have learned to move out of the classroom and into the "main streets" as one put it, and this particular project enables professionals to earn Masters degree credit while they help their students gain employment. It was quite exciting for all involved to see a feature story on Roberta in the February 6, 1989 Christian Science Monitor.

Case Study #4. Steven Kranowski is a freshman at Virginia Polytechnic Institute and State University where he is studying accounting. He has autism, but at the end of his first semester his grade point average was 3.2. Steven received the services he needed to transition from high school to VPI through a local transition planning team made of professionals from the school and adult service agencies and his parents. This local transition team received guidance and training from Project VAST at the Virginia State Department of Education. Because the State Department of Education received discretionary funds to implement LEA transition teams, hundreds of student like Steven have been able to receive post-secondary education.

## Systems Change Through Discretionary Programs

Transition programs have changed the way we educate students with special needs and the outcomes of their education. Tremendous national, state, and local advances have been made in a very short span of time. The information here provides data on the nationwide impact of discretionary programs.

Model Demonstrations. One of the best sources of data on transition demonstration projects funded through EHA discretionary programs is the Secondary Transition Intervention Effectiveness Institute at the University of Illinois under the direction of Dr. Frank Rusch. He and his colleagues collect, summarize, and disseminate information about the model programs funded under the Secondary Educational Transition Services Initiative. One of their latest reports, Compendium of Project Profiles 1988, relates the following:

1. Forty-two of the fifty states have developed and implemented at least one service delivery model focusing on transition.
2. Project services have been provided in metropolitan areas, suburbs, small towns, and rural areas and about 20% have provided statewide services.
3. Of those youth being served, over one-half have a learning disability while about 20% have a diagnosis of mental retardation or developmental disability. Students with diagnoses in at least nineteen other categories are also reported.
4. As of January 1988, it was estimated that over 127,000 young people with handicapping conditions have been helped by model demonstration projects alone.
5. Nearly all model demonstration projects provide training to professionals, the business community, and parents. Well over 20,000 persons have benefited from this training.
6. Over 70% of all projects have been involved in student assessment, implementing a service delivery system, and disseminating products on their model.
7. A majority of reporting projects (65%) indicate a collaborative interagency arrangement between state agencies.

Research. Discretionary programs focusing on transition have also allowed institutions such as my own, Virginia Commonwealth University, and places such as the University of Washington Institute for Transition Research on Problems of Handicapped Youth to examine the problems of the transition process in programs across the country and try new solutions. For example, Dr. William Schill and his colleagues in the State of Washington have been able to identify some salient features of good work experience programs for youth with mild handicaps in their state and have also analyzed the transition plans from 52 of the 60 states, territories, and protectorates for how closely they fit "best practices." Our own Research and Training Center is currently working with over 400 persons across the country to validate indicators of successful school and post secondary programs. All of this research is absolutely critical in helping professionals and families establish good programs at the local level. However, much more emphasis is needed in this area as we are just beginning to collect data on what methods are proven to be most effective.

Personnel Preparation and Inservice Training. Several institutions of higher learning from across the country have received discretionary funds in these categories to train teachers and other school and adult service professionals to more successfully transition students with special needs. We are now even to the point that transition training program competencies (as compiled from 13 funded programs in 1987) can be examined. This will help any graduate or undergraduate program in special education, social services, and rehabilitation counseling upgrade its curriculum.

Strides in inservice training have also been made. For example, in 1984 VCU received a three year grant which provided training on transition to state department administrators in 18 states. Just at our Research and Training Center alone, we have received nearly 1,000 requests per year over the past three years for inservice training or information in this area. The training of professionals at the local level and families already working with students who are at the transition age is one of the greatest needs right now.

## Further Needs and Future Directions for New Discretionary Programs

I would like to end my testimony by delineating several transition issues that EHA discretionary programs should now address.

### Better Dissemination of Information

Although good models of service provision are being developed around the country, the general public needs to be more aware of the contribution citizens with handicaps make. As the 1988 Compendium on demonstration projects reported, most projects still use professional journal articles as the primary dissemination vehicle. More general public print and audio-visual means such as public and network television, newspaper, radio, and popular magazines must be accessed. Presentations to local providers and regular publications that reach direct service providers such as newsletters should be commonplace. Grant recipients must be able to show how they have directly affected service provision across several levels including the individual student, the local system, and the general public.

### More Assistance Directly to State and Local Education Agencies

We have good models for transition services which over the past five years have been developed for the most part by institutions of higher learning working collaboratively with state, regional, and local agencies. It is time now for more local agencies to test the effectiveness of the models and to initiate new methods. State agencies must concentrate on transition outcomes, not process. In other words, how many students with learning disabilities get into community colleges and how many students with severe handicaps are placed into supported employment before graduation? How many more students are receiving rehabilitation case services? We know now what "best practices" should be but we don't know the extent to which they are being implemented. Every state needs a formal means of collecting and reporting transition outcome data and every local education agency needs training and monitoring in gathering this information.

## More Demonstration for populations other than students with mental retardation

Discretionary funds need to be targeted for demonstrating how to effectively transition students with mild handicapping conditions, physical disabilities, sensory handicaps, and more severe disabilities such as autism and chronic mental illness.

## Emphasis on Inservice Training

Many teachers who have been in the field for longer than five years have never had any of the transition training that current personnel preparation programs provide. It is crucial that discretionary programs meet these needs by funding competent inservice providers to reach teachers through innovative techniques. Computer networking, video courses, and technical assistance to systems is needed nationwide. It is no longer enough to just make conference presentations. People need direct help in their school or agency. The funding of state or regional transition technical assistance centers may be one solution to this need.

## Additional Congressional Action to Facilitate Transition

In addition to the reauthorization of discretionary programs, Parts C through G, of the EHA, I believe there are two other legislative actions that would greatly enhance the transition of students with special needs from school to adult services. First, amendments to Part B of the EHA requiring an individual transition plan (ITP) as part of the IEP for every secondary student with special needs would enable families and educators to look at needs beyond the school years. This plan would be developed as a result of a meeting attended by special educators, rehabilitation counselors, vocational educators, postsecondary agency staff, and, of course, the student and family. Secondly, passage of the Medicaid Community Quality Services Act (Chafee Bill) would definitely assist adult service providers as students make the transition from school because it would force families and educators to look at needs beyond the school years.

## Summary

Discretionary programs focusing on transition have enabled us to figure out excellent ways to more effectively and efficiently help students with special needs leave school and enter with dignity the most appropriate adult options. In a very short period of time we have established an array of "best practices." We must now have the same opportunities through research, demonstration, and training and dissemination funds to make sure that best practices occurring in nearly every state are converted to policy and daily practice in every locality for every student with a handicapping condition.

Senator **Harkin**. Thank you very much, Dr. Moon.

I have just a few questions I would like to cover with each of you. Throughout the reauthorization process we refer repeatedly to the need for the results of research funded in the discretionary program to be made available in a form that is usable and relevant for special education practitioners at the local level.

Fred, in your testimony you mention the need for a major restructuring of the research agenda of the discretionary funding. Please elaborate on how the changes you propose would better address the needs of professionals providing special education.

Mr. **Weintraub**. I think several ways, Senator. One is that we need to have a focus on practitioner, we need to be able to focus and make distinctions between research and analysis that deals with systems, how we organize to provide services, and that knowledge which is directed at people who teach, people who provide early intervention or related services, those people who practice and actually make the difference in what happens to children.

Part of the problem is that we have tended to confuse the two systems and mix the two dynamics together. What we are suggesting is that we need to focus, have a focus on practitioners and one that utilizes the networks of information that reach practitioners, instead of constantly building the new networks, building new delivery systems, what we ought to be doing is using the existing information systems, maximizing their capacity to get out and reach practitioners.

Also within that regard, we need more effort to synthesize knowledge, package it, put it together in usable forms, instead of making knowledge simply in the hands of those people who generate it, but getting it out to the world. We think that there are some relatively constructive and simple strategies that can be used as long as that becomes the agenda.

Senator **Harkin**. I am interested in it, because I wear two hats, as you know, now not only chairing the authorizing subcommittee, but I also now chair the appropriations subcommittee that allocates the money for these programs, and I will tell you that we might have a problem with money. So, in any way that you or anyone else can suggest ways of streamlining, making programs more efficient, doing more with less, any kind of program, I don't care what it is, there is some room perhaps for streamlining and making things more efficient. I kind of hear an echo of that, that you are saying that there are some ways maybe of doing this.

Mr. **Weintraub**. I think part of what you have to do in any program is decide what it is you want the program to do and to give it that focus and to talk about who the consumer is. The point is that researchers are not solely the consumers of the research. The question becomes what is their role to getting that information out. We can maximize better the things we are doing if we can focus on who the real consumer of the product or the knowledge that we are generating is, and I don't think that focus has quite been given yet to the programs. It may still make more, but it won't cost more to do what has already been done.

Senator **Harkin**. I like to hear that.

Mr. **Trohanis**. I just wanted to comment, in relation to Fred's observation, that at least in the early child hood program there is an attempt by utilizing these small number of research institutes to serve as collaborators with State agencies themselves in both developing the needs for new information, but then collecting, analyzing and synthesizing, so I think it presents one way at least that in this mix of programs that you have authorized to allow for that kind of synergy between the research community and practitioners, in this case State policy-makers, for example.

Mr. **WEINTRAUB**. Senator, if I could just give you an examples, the Federal Government just spent $2 million doing a study on the costs of special education, an excellent study. Out of that study came a report. I don't know how many copies of the report there are. I am sure your office has one, I have one, and a few other people have one. It will probably go into some computer center somewhere. The problem is that the knowledge that was generated from that study will not be known and available to people out in the field who need to have that on an on-going basis. Why didn't they produce some journal articles, why didn't they produce some other things that could go out into the knowledge system of the field? Why? Because it is not part of the contract. Somewhere we have got to think that through a lot better.

Senator **HARKIN**. Dr. Hale, we have heard about the critical shortage of special education teachers and related service personnel and we have talked about it before, and yet in the Department of Education's Tenth Annual Report to the Congress, Minnesota reported that the State needed zero special education teachers, Iowa needed 971 special ed teachers. Something is wrong here. [Laughter.]

Ms. **HALE**. Mr. Chairman, yes, in Minnesota we struggle with keeping appropriately licensed personnel in rural areas, and let me give you an example. The area of behavior disorders, the largest area for teachers on variances, 34 percent of all variances to licensures are given for emotional behavior disorders. That is a 1-year license to a district who has attempted to find an appropriately licensed person, but they hire someone who has minimum license, so it is not really an issue of the numbers that we have, rather, the level of training that they have. We have so many on variances, we have so many on provisional licenses, and they may not be appropriately trained to serve students who are severely handicapped. Mr. Chairman, in other words, we had zero empty classrooms, but some of the teachers in those classrooms were teaching on variances or provisional licenses, and that is where our real needs are.

Senator **HARKIN**. What you are saying is that you reported all those that were under-trained and not trained adequately as being——

Ms. **HALE**. They have a minimum license within the State.

Senator **HARKIN**. Are there any standardizations? Why would Iowa need 971? Why would Louisiana need 1,251? Why would Illinois need 175?

Ms. **HALE**. Mr. Chairman, I am not sure. I would wonder if the related services staff are included in that figure. I do not know whether or not it is just licensed teachers. Also, I would wonder if the State is expanding into an area of services that they may not have provided before, such as services down to birth.

Senator **Harkin**. Massachusetts, Delaware and Minnesota reported zero, they are the only States in the United States. I just wonder why there wouldn't be a standard basis on which to report that information.

Before I go any further, I will recognize Senator Durenberger. There are only a couple more questions that I have.

Senator **Durenberger**. If I understand this exchange, it means that—well, first, let me ask who does the licensing, the State?

Ms. **Hale**. Senator, the Board of Teaching and the State Board of Education, some licenses come under their Board of Teaching, some of them do.

Senator **Durenberger**. And this is across the country like this?

Ms. **Hale**. Yes. I don't remember the exact quote in Public Law 94-142, but it says according to State standards, so that we as a State set those standards for licensing in most areas.

Senator **Durenberger**. Is it possible, then, from State to State you will find variance or even a substantial variance in qualifications required of people.

Ms. **Hale**. Yes, Mr. Chairman, that is true. South Dakota, for example, has a noncategorical license which a teacher could teach in any disability area. Minnesota, for example, is very categorical. We have some, I do not know, 11 or 12 difference licenses within special education, teaching for visually handicapped, teaching for hearing impaired, teacher for learning disabilities, et cetera, whereas South Dakota would have one license that would cover all of those areas.

Senator **Durenberger**. Let me ask a more difficult question, which is—again, this comes from being a novice in this particular program—how do we measure the quality of the education that these young people are receiving by either the pedigree or the 11 categories into which the teachers fall, or are some kids in South Dakota doing just as well as kids in Minnesota, with people who have a different licensure setup?

Ms. **Hale**. I think one of the ways that we can look at that is to look at the outcomes upon graduation, and that is why States and localities have to have a follow-up method for looking at their graduates, because education is not effective unless students are getting jobs, living in the right place, social opportunities or have a postsecondary follow-up. That is what the transition initiative has really begun, and that is why I addressed the issue of outcome and why that is so important, and we are just beginning to get to that point, and I think most of us who have worked in transition for a while are deciding that the only way to really look at effective education is to look at the outcome.

Senator **Durenberger**. As we look at the comments that the Chairman made about the frustrations on the Appropriations Committee and his plea for efficiency, do any of you have the courage here this morning to tell us where we should put more money, as in perhaps the follow-up or transition program, and where we can find it? [Laughter.]

Mr. **Weintraub**. Let me just, if I may, Senator, make an observation. I do not envy certainly the difficult choices that Members of Congress have to make. I think if I could offer any advice on just the 20th anniversary of my first appearing before the predecessors of this Committee, just from an historical perspective, I would suggest that if you—you are always torn between the question of providing funding to kids and providing funding to the infrastructure or those things which relate to serving children.

Certainly we are all here and have always argued for more money for Public Law 94-142, and we certainly at CC would be the first to do that. Let me also suggest to you that $50 million, that is all the money you have, it does not make any difference in terms of the difference of serving kids or of a $1.4 billion program. Fifty million dollars more to prepare teachers will relieve some of the problems Norena is talking about and others are talking about. $10 million more to do research may make a difference. Ten million dollars in transition will make a difference.

I think those are tough decisions and I would suggest, though, that the kind of analysis we need is if we have got limited resources, where we can get the most for that investment, and I think that kind of analysis is a difficult one.

Senator DURENBERGER. And the corollary to that is this—I hope this is just a one-year experience we are going through, while this administration plays catch-up or the whole country decides that investing in health and education pays off in savings, it does not cost money, it saves money. But assuming we have this difficulty here to deal with it, another way to ask that same question—and I will direct it to you and others can respond, only because you said you had 20 years of appearing before this committee—by now you know that a Federal financing restraint will not interfere with the States going ahead and financing something anyway in certain areas. In other areas, States probably are not going to do it unless the Feds put something up front. Asking the question that way, are there certain areas from your experience, Fred, in which a cutback, a holdback or restraint at this end is not going to restrain services because the States are more likely to fill the gap than not, whereas in some other area, if we put any restraint on or do not increase the funding, States are just not going to do anything at all and the services are going to fall back?

Mr. WEINTRAUB. I would only offer this observation, that during the period of the 1970's, which is also a period of some substantially economic constraints, special education, because of initiatives such as 94-142, captured a significant portion of the new education dollars that were available at the State level, State money went to special education.

With the leadership of the Federal Government over recent years on a thing called education reform, school reform, with all the initiatives in a variety of areas, what is happening is that new education dollars at the State levels are going to those agendas and are not going to issues relating to handicapped, education to handicapped children. The result is that class sizes are increasing, special ed resources are declining, our kids are more at risk and finances at the State level are more and more constrained.

I do not think there is a general appreciation that, while the Federal Government does not pay for education, it sure plays the tune, and right now the tune has nothing to do with the kids who we are talking about today. I would suggest to you that the need to focus Federal resources to help shore that up is very critical, because it is not getting State attention. Norena may be in a better position, but that is our observation of what is going on across the country.

Ms. HALE. Senator, one of the things that we are struggling with in Minnesota is to focus again on who is our target population for special education services, and for that matter what is regular education and what should regular education provide for students who are at risk but not really handicapped and indeed of special education services.

I have some fears that we are watering down some of the special education services to become tutorial services and that we——

Senator DURENBERGER. Some what?

Ms. HALE. Tutorial services, meaning half an hour of tutoring a day in order to participate in a regular program, which is a goal, but the question we have is whether or not the child really is handicapped and in need of the specialized instruction in order to participate in that regular program, or whether they need just a little bit of extra help or some tutoring services.

I know of a number of other cases——

Senator DURENBERGER. Excuse me, but is this the problem where within the system the learning impaired children and the more severely handicapped——

Ms. Hale. Exactly, Mr. Chairman.

Senator DURENBERGER [continuing]. They are pushing more people into a limited resource program and that——

Ms. HALE. It would be interesting to compare some States that have a regular education instructional support services program with those States that do not and how that impacts the number of students that are identified through special education and observe that, I think it would impact. I know that we are really questioning what is the role of regular education, what are they doing about those students who are borderline or low-achievers and not really handicapped and in need of special education.

Mr. Trohanis; One of the areas particularly with Public Law 99-457 and the infant-toddler initiative, that our discussion here I think has some concerns for States who are presently developing an architecture for their State service delivery systems for infants and toddlers and families and are looking at the policies that are necessary to be supportive, given the broad framework that was outlined in the law, and the major issue that we are confronted in helping the States examine now, in addition to their architecture and policies, is the area of finance, and they are concerned, I think it is fair to say, from the responsibility that they perceive themselves to generate resources, both the public and private sector in the States, but also are wondering what is the Federal role, you know, will there be some continuity of commitment with resources to help them to not only continue the architectural work of designing and developing systems, but also to provide the supports with the kinds of programs we are talking about, to help facilitate the infrastructure. They know they have to pay for those services, but they are also looking to you for some help and guidance in this future endeavor.

Senator DURENBERGER. Thank you.

Senator HARKIN. Thank you. I just have one other question for you, Pat. Early intervention is one initiative which I am really interested in. If you have any, I would like to have some more data from you on any studies on taking a certain group and finding out what is happening to them after they have had early intervention, different individuals.

Mr. TROHANIS. I would be glad to share some of that with you.

Senator HARKIN. If you have any, give it to my Staff Director.

Mr. TROHANIS. I would be glad to. There are a number of success stories.

Senator HARKIN. Thank you all very much.

Our next panel is to talk about some of the unmet needs of the special education system and how might the discretionary program address those needs: Carla Lawson, Iowa Exceptional Parent Center, to talk about parent training centers, Fort Dodge, IA; William Carriker, Department of Special Education, University of Virginia, talking about personnel problems; and Jamie Ruppmann, Consortium for Citizens with Disabilities, Vienna, VA.

Again, we will start in the order in which I called you. First, I will recognize Carla Lawson, Director of the Iowa Exceptional Parent Center, in Fort Dodge, also the parent of a child with a disability. She is representing the National Network of Parent Information Centers, which is funded by a 10 percent set-aside of Part D funds, about $7 million for fiscal year 1989. There are parent centers in 41 States and Puerto Rico.

Again, welcome to the subcommittee and, again, try to keep your statement down to about 5 to 7 minutes and we will appreciate it.

## STATEMENTS OF CARLA LAWSON, DIRECTOR, IOWA EXCEPTIONAL PARENT CENTER, FORT DODGE, IA; WILLIAM CARRIKER, DEPARTMENT OF SPECIAL EDUCATION, UNIVERSITY OF VIRGINIA, CHARLOTTESVILLE, VA; AND JAMIE RUPPMANN, CONSORTIUM FOR CITIZENS WITH DISABILITIES, EDUCATION TASK FORCE, VIENNA, VA

Ms. LAWSON. Thank you.

Honorable Senators of the Subcommittee on the Handicapped and distinguished guests, I speak to you today specifically about Parent Training Information Centers. I speak to you as a parent, as the Director of the Iowa Exceptional Parent Center and also on behalf of the National Network of Parent Centers.

My husband Rich and I have a set of twin sons who were diagnosed at the age of 2 years of Werdnig-Hoffmans disease, a physical disability. Blair and Blane were integrated into the system during their whole school career. Blair died as he began college in 1983. Blane continues his college education in computer programming major and builds a computer consulting business. He is on a medical home care program and is currently doing well.

The goal of the Parent Training Information Centers or PTI projects is to provide information and training to parents of handicapped children, to help them better understand the laws that affect them and their children, and to interact effectively with the school system. Currently, as you said, the Department of Education funds 51 parent PTI projects in 41 States and Puerto Rico. PTI projects utilize these important components: parent staff members, who offer peer support and training, innovative and flexible training, parents trained to train other parents to enhance outreach. The impact has exceeded all of our expectations.

In the school year 1987-88, 434,143 parents of handicapped children and other interested persons were trained. They were offered services by individuals, by mail, telephone, and face to face meetings. They were offered assistance by training workshops, conference networking and information and newsletter mailings.

Follow-up evaluation found that 62 percent of the parents responding reported their children received increased or improved services; 87 percent indicated that they had acquired new knowledge or information; 79 percent indicated that they had acquired new skills; and 81 percent reported that they had increased confidence in communicating with the special ed system.

The funded and developing centers served by the Technical Assistance for Parent Programs or TAPP project is comprised of a central office in Boston and four regional centers in Atlanta, Tacoma, Minneapolis and Concord. Administrative management program evaluation and leadership staff development are but a few of the services they offer to us. They also promote and strengthen interagency collaboration among ourselves and other agencies within the system.

Upon emerging needs, the TAPP project established a Select Committee on Underserved Groups of Parents. It is composed of parents and professionals of a diverse cultural background. To date, the committee functions on no additional funding. With financial support, the committee could provide the services to our programs that would enhance our efforts to address the needs of underserved parents. Those parents are parents of racial and ethnic minorities, parents in poverty, parents who cannot read, parents at risk, parents whose primary language is not English, parents living in rural areas, parents living in inner cities, parents whose own educational level is limited, and parents who are serving in the Armed Forces.

Currently, three PTI projects serve specialized audiences: American Indian parents, Hispanic parents, and parents serving in the military. The traditional role of parent centers has been to help parents of school-age children. Training and information has typically been provided in a workshop mode with a parent leader. With the advent of Public Law 99-457, the challenge for us will be to develop a new role in addressing the needs of parents of young children.

Due to the special needs, a unique perspective will need to be considered and parent training will need to be adapted in modality, materials and content.

It is projected that an additional 20 more PTI projects are needed. Ten States, the District of Columbia, the Virgin Islands and the American Territories have no funded projects. Also, the seven largest States need additional coverage. Upon extrapolations from the school year 1987-88, it can be estimated that 70 parent centers would serve approximately 585,000 parents, or over half a million parents.

Projected costs for the projects are as follows: $11.6 million for 70 PTA projects at an average cost of $165,714 per project; $1.4 million for the technical assistance and coordination project, plus specialized projects; for a total of $13 million, over a half million parents each year would receive training and information.

At an average cost of $22 per person, this program is clearly cost-effective. Informed parents help avoid mistakes and costly repetition of assessments and inappropriate placements of their children in the program.

Your kind consideration to change the authorization language for the Parent Training and Information program to $13 million and to make this authorization a separate line item within Part D, Personnel Preparation, rather than continuing as a percentage of the total appropriation is requested.

Your commitment to the PTI and its mission and positive outcomes is indeed important. Like hundreds of other letters from many States, a mother from Iowa writes to you:

> I couldn't believe there was such a group as the Parent Center. Thank God someone had the knowledge, understanding and insight to start such an organization.
>
> Having parent-to-parent discussions with you and realizing that I am not a failure because I can't see through it all or fix life for my daughter, has helped me greatly.
>
> In a rural area, it means more than I can express to know that there is someone who understands and cares, just a phone call away, on the other end of a toll free number.
>
> Even my marriage has improved. I put so much weight on my husband when he came home, because I had no one all day who could understand.
>
> I was tired and somewhat discouraged last night. There with my mail on the cupboard was a packet from the Parent Center. I opened it and read. In there was exactly what I needed right now to move forward on our daughter's educational crisis.
>
> I can't thank you enough.

I am pleased to share with you my sound belief that the Parent Programs that benefits the family of children who are handicapped but also citizens of the communities across the United States.

Thank you.

[The prepared statement of Ms. Lawson follows:]

## PREPARED STATEMENT OF CARLA LAWSON

Honorable Senators of the Subcommittee on the Handicapped and distinguished guests, It is my privilege and honor to address you today concerning the Reauthorization of P.L. 94-142, Parts C through G. My testimony will speak to the importance of the Parent Training and Information Program, Section 631, EHA.

My name is Carla Lawson. I am speaking to you as a parent, the Director of the Iowa Exceptional Parent Center funded by the United States Department of Education, and on behalf of the National Network of Parent Centers. My husband, Rich, and I are the parents of twin sons who were diagnosed at the age of 2 years with Werdnig-Hoffmans disease (infantile muscular atrophy), a physical disability. Blair and Blane were integrated into the regular school system in elementary and secondary school. School personnel were, for the most part, challenged by their participation, but like most families, we ran into our share of short-sightedness, bigotry and fear. Blair died as he began college in 1983. Blane, weighing thirty-three pounds, strives to continue his college education in computer programming and building a computer consulting business. He is on a medical home care program and is currently doing well. His brother and sister, like all "siblings", have had to adapt many times to the demands of having a handicapped person in the family. There are always problems and concerns to deal with in families with handicapped children, but strength and support have always been there for us from other parents of handicapped children.

My perspective is a broad one but, nonetheless, offers you insight from a variety of positions. My experience in the "parent movement" has spanned over twenty years. My beliefs are based on the personal commitment to assist parents so that they can become full-fledged participants in the "job" of raising a handicapped child. I know that when parents are supported, they are better equipped to handle the challenge of communication with professionals, decision-making on behalf of their child, and general family surviving skills. It is from this profound belief that I have "grown up" in learning for our own family, in learning to give to others the resources that have made it possible for us to go on, and in learning that parents have an untapped potential that only needs nurturing to see great things grow and mature.

Your commitment to the Parent Training and Information Projects has shared in its mission and positive outcomes for families staying, just that, families together.

"I couldn't believe there was such a group as the Parent Center. Thank God someone had the knowledge, understanding and insight to start such an organization. I have gained facts and information which I could not have gained anywhere else regarding the various resources available to parents of handicapped children.

"Having parent-to-parent discussions with each of you and realizing that I'm not a failure because I can't see through it all or 'fix' life for my daughter, has helped me greatly. Somehow, I knew if you are making it, then I can make it too.

"In a rural area, it means more than I can express to know that there is someone who understands and cares, just a phone call away, on the other end of a toll free number! I was so surprised to hear that what I'm going through is understood by others.

"Even my marriage has improved! I put so much weight on my husband when he came home, because I had no one all day who could understand--prior to calling the Parent Center.

"I was tired and somewhat discouraged last night. There, with my mail on the cupboard was a packet from the Parent Center. I opened it and read. In there, was exactly what I needed right now to move forward on our daughter's educational crisis!

"I can't thank you enough for your efforts and for your kind, loving and caring way of supporting me so that I can support our child in the nightmare life has become for her."

A mother from Iowa

## PARENT TRAINING AND INFORMATION PROJECT/GOAL

The goal of the Parent Training and Information (PTI) projects is to provide information and training to all parents of children with handicaps to enable them to understand the laws affecting their children and to interact effectively with the educational system and other government entities that provide services to their children.

To ensure the partnership role envisioned by Congress in P.L. 94-142 (The Education for All Handicapped Children Act of 1975), the federal government supported the proven effectiveness of peer training and information. Congress responded with a new section of The Education of the Handicapped Amendments of 1983, P.L. 98-199. The federal mandate for the PTI projects is set forth in Section 631 (c)(1)-(7). The purpose of the PTI projects is to provide "training and information to parents of handicapped children and volunteers who work with parents to enable such individuals to participate more effectively with professionals in meeting the educational needs of handicapped children."

PTI projects assist parents:

(1) to better understand the nature and needs of the handicapping condition of their child;

> "My child's handicapping condition is a rare disorder. It was really helpful to come to you and find some information on the condition and also about a specific support organization we could contact."
>
> A father from Iowa

(2) to provide follow-up support for their handicapped child's educational programs;

"I would like to let you know how much the Parent Center has helped us. I am the mother of a fourteen year old autistic son living in a rural community. As our son got older and bigger, he was getting harder and harder to handle and the school in our community had nothing to offer us except to babysit him in a special education classroom where most of the programs were inappropriate for him. After a call to the Parent Center, someone came up and helped us sit down with the school to do a proper IEP.

"Throughout the years the Parent Center has kept in touch with us--accompanying us and advocating for us at our IEPs. Because of them we finally got a good quality program in our school. They also steered us toward speech therapists, respite care, parent support centers and social workers and taught us how to work with the school.

"But most of all, they gave us support, someone to talk to when things got to be too much. They encouraged us not to give up and offered us a shoulder to cry on which I took up more than once. Without the Parent Center, I couldn't have made it through all the bad times.

"I am so thankful they were there when I needed them. I hope they will continue to be there for other parents who are confronted with the overwhelming task of trying to raise a handicapped child."

A mother from Utah

(3) to communicate more effectively with special and regular educators, administrators, related school personnel, and other relevant professionals;

> "Thank you very much for your moving, informative presentation/discussion with our Rainbow Friends Parent Support group. I know you touched some important chords with the members of our group. We have invited many people to our group over the years, and you're the first to really emphasize the positive aspects of having a handicapped child. I think that is a very important perspective for all of us."
>
> A pediatrician from Utah

> "I have taken too much for granted concerning my daughter's education and now I have got the knowledge and self confidence to say something for myself. THANK YOU!"
>
> A parent from Minnesota

> "What impresses me most about (the PTI) is the fact that they provide information and education to parents on current state-of-the-art philosophies pertaining to the integration of persons with disabilities into community life. This is one group that does not back away from the difficult issues, and they consistently advocate for improved quality of life for all persons with disabilities, and their families."
>
> A special education university professor from Kansas

(4) to participate in educational decision making processes including the development of their handicapped child's individualized educational program;

> "Not only did (the PTI) teach me my rights under P.L. 94-142, they gave me the emotional as well as physical support I so badly needed at the time...they emphasized to me the fact that getting angry and filing due process would not accomplish anything. The way to get the services was to communicate and be flexible with the special education department."
>
> A parent from Georgia

> A school district reported that the year before (the PTI project) conducted any parent training in the community it had two or three parents attend their child's IEP meeting and more than thirty "no shows". After (the PTI) had conducted parent training there were more than thirty parents who attended their child's IEP meeting and two or three parents who were "no shows".
>
> A story from New Mexico

> "We were at our wit's end and ready to institutionalize our child. We went to the Parent Center to make ourselves available to other parents who were having a rough time.
>
> "We learned about services, programming for our child, and given the confidence to advocate on behalf of our child for a better program within the public school system.
>
> "It kept our family together!"
>
> A mother and father from Massachusetts

(5) to obtain information about the programs, services, and resources available to their handicapped child, and the degree to which the programs, services, and resources are appropriate; and

> With help from the PTI project, a group of parents from a small rural community organized a parents' association and were able to get transportation services for their special education students. A group of parents from another town visited the PTI office and then were able to mediate with the Department of Education to open a preschool classroom for eight students. As a result of efforts by the PTI, a 16 year old student was moved from an elementary school to a vocational setting.
>
> A story from Puerto Rico

(6) to understand provisions for the education of handicapped children as specified under Part B of P.L. 98-199.

> "The effect of the parent trainers and the information they gave us was overwhelming. They made us more aware of the effects of the law on our lives. I am glad they are just a phone call away."
>
> A parent from Illinois

> "Thanks so much for your help. You came to my assistance when I felt unable to say what I needed to.
>
> A parent from the state of Washington

Currently, the Department of Education funds fifty-one (51) Parent Training and Information (PTI) projects in forty-one states and Puerto Rico.

## PARENT TRAINING AND INFORMATION PROJECT/IMPACT

Vast numbers of parents need to be informed of their newly gained rights, equipped to access them, and prepared to perform their new responsibilities. Parents need not only familiarity with special education laws but also in-depth knowledge about such subjects as learning styles, teaching methods, and integration. Parents assisting parents to acquire the knowledge, skills, and self-assurance needed to work effectively with the educational system has proven productive as well as resourceful. Therefore, PTI projects utilize these important components:

- parent staff members who offer peer support and training
- innovative and flexible training adapted for practical parent use
- parents trained to train other parents to enhance outreach

In the school year 1987-88, the PTI projects provided a variety of services to a total of 433,143 parents of handicapped children and other interested persons. General categories of service included:

- Individual services via mail, telephone, or face-to-face meetings--138,873 persons
- Training Workshop participants--52,581 persons
- Conference Networking and Information--40,545 persons
- Newsletter mailings averaging five times/year--201,144 persons

Follow-up evaluation data found that 62% of the parents responding reported their children received increased or improved services as a result of their participation in PTI training, 87% indicated that they had acquired new knowledge and/or information, 79% indicated that they had acquired new skills, and 81% reported they had increased confidence in their ability to interact with the special education system.

The funded and developing centers are served by the Technical Assistance for Parent Programs (TAPP) project, which provides technical assistance and coordination to all the state parent centers. The TAPP project is comprised of a central office in Boston, Massachusetts and four regional centers: Atlanta, Georgia; Tacoma, Washington; Minneapolis, Minnesota; and Concord, New Hampshire. Technical assistance involving administrative management, programming, program evaluation, and leadership/staff development are but a few of the services it provides.

TAPP also promotes collaboration among the PTI projects and the National Information Center for Children and Youth with Handicaps (NICHCY); the Regional Resource Centers; various Research and Training Centers, especially the Beach Center for Families, the Research and Training Center on Integration, and the two Research and Training Centers on Children with Emotional Disturbance.

Interagency collaboration is strengthened through participation with the National Early Childhood Technical Assistance System (NECTAS) funded by the United States Department of Education and the Collaboration Among Parents and Health Care Professionals (CAPP) project funded by the Division of Maternal and Child Health, United States Department of Public Health.

Specialized projects are also operated by the TAPP project. These include:

- Supported Employment
- Integration of Hearing Impaired Students
- Parent Awareness manual on the Federal Monitoring Process
- Transition Conference involving state directors of special education and rehabilitation, regional resource center staff, and PTI leadership

## PARENT TRAINING AND INFORMATION PROJECT/EMERGING NEEDS

The TAPP project has established a Select Committee on Underserved Groups of Parents in response to the need for the PTI projects to function effectively in a multi-cultural society. The Committee is composed of parents and professionals from several different cultural backgrounds and advises and assists TAPP in the delivery of technical assistance to access underserved parents and provide them with PTI services. The Select Committee's effectiveness would be enhanced by adequate funding since, to date, the Committee functions on no additional funding. With financial support, the Committee could provide the services to the PTI projects that would enhance their efforts to address the needs of underserved parents.

Currently three PTI projects serve specialized audiences: American Indian parents, Hispanic parents, and Parents serving in the military. The PTI projects continue to search for ways to make their programs accessible to parents who are traditionally underserved, such as:

- Parents in poverty
- Parents who cannot read
- Parents at risk
- Parents whose primary language is not English
- Parents living in rural areas
- Parents living in inner cities
- Parents whose own education level is limited
- Parents who are serving in the armed forces

The traditional role of Parent Centers has been to help parents of school age children become informed advocates for their children. Training and information has been typically provided in a workshop mode with a parent leader conducting the workshop. With the advent of Public Law 99-457, the challenge will be to develop a role in serving parents of younger children who are newly diagnosed. In meeting this challenge, issues to be considered are:

> Parents of very young children may not be served best in the traditional "workshop" training mode if they are in the initial stages of grieving. If parents are in a

denial phase, they are not likely to go to a workshop on disabilities.

Parents of very young children often find it difficult to articulate what they need or want, much less to understand the process or the "system". Parents need support in their process of adjustment and grieving.

Parents of very young children initially need to deal with themselves and their family's need, before advocating for the system or within the system.

Parents of very young children often find it almost impossible to reach out for help; expecting them to go to a workshop may be unrealistic.

Parents of very young children may find a group situation a painful setting within which to express the feelings they are having.

Parents of very young children initially need someone who will listen to them (peer-to-peer support) and share their grief. (Slaughter, 1987)

Due to the special needs of parents of newborn or newly diagnosed children, a unique perspective will need to be considered to communicate with and assist parents of very young children. Parent training will need to be adapted in modality, contents, and materials for parents of very young children. If Parent Centers are to respond to the needs of parents of very young children, adequate staff and funds will need to be identified and provided.

It is projected that an additional twenty (20) more PTI projects are needed in order to insure that parents throughout all the states and territories have access to the services provided by parent centers. Ten states, the District of Columbia, the Virgin Islands, and the American Territories have no funded projects. Also, the seven largest states need additional coverage. With extrapolations based on the numbers available for school year

1987-88, it can be estimated that 70 parent centers would serve approximately 585,000 parents, or more than half a million, each year. These numbers do not include any "ripple effect," although there is growing evidence that such an effect does occur. Many workshop participants also continue to maintain contact with the PTI in order to assist other parents, and most importantly, to be aware of current information which has an impact on the special education of their child.

## PARENT TRAINING AND INFORMATION PROJECTS/ESTIMATED COSTS

Projected costs for these projects are as follows: $11.6 million for seventy (70) PTI projects at an average cost of $165,714 per project (funding ranges from $100,000 for new projects in smaller states to several hundred thousand dollars for projects in the largest states); $1.4 million for the technical assistance and coordination project plus specialized projects such as the current ones identified earlier.

For a total of $13 million, over half a million parents each year would receive training and information to enhance their effectiveness in participating in their child's special education program and to understand the nature and needs of the handicapping condition of their child.

At an average cost of $22 per person, this program is clearly cost effective. Informed parents help avoid mistakes and costly repetition of assessments and inappropriate placements for their children. Having parents "who have been there" working with "new" parents of younger children helps to reduce family stress and maintain stability.

Your kind consideration to change the authorization language for the Parent Training and Information program to $13 million and to make this authorization a separate line item within Part D, Personnel Preparation, rather than continuing as a percentage of the total appropriation is requested.

"This service is a miracle happening!"
A parent from Vermont

"You are really doing something very special at your Parent Center. Thanks!"
A mother from Iowa

It has been my privilege and pleasure to talk to you today about the Parent Training and Information Program. I was pleased to share with you my sound belief that this program not only benefits the families of children who are handicapped, but all citizens of communities across the United States and its territories. Thank you.

Senator **Harkin**. Thank you very much for your testimony. I was reading some of the other letters you had in your prepared testimony, quite an array of very nice letters there, excerpts from letters.

Dr. William Carriker is a Professor of Special Education at the University of Virginia. He has some 30 years experience with the preparation of special education personnel.

Dr. Carriker, welcome to the subcommittee, and please proceed.

Dr. **Carriker**. Thank you, Senator Harkin.

I have been in special ed for over 38 years and approximately 30 of those years in personnel preparation, working at the local, State and national levels, not very far away from you at the local and State level in Nebraska many years ago.

I have been asked by a coalition of seven organizations comprised of professional organizations, institutions of higher education and State and local education agencies to convey our deep concern over the status of professional manpower in the fields of special education and related services.

In an effort to convey their concerns and represent them all in as fair and honest way as I can, I will present almost verbatim what I have here and would be delighted to be interrupted with questions at any time.

This Nation really does have a serious shortage of qualified special education personnel, both special education teachers, related service personnel, leadership personnel. Projections indicate that over time we may well be reaching a crisis proportion, and it is going to seriously impede our ability to provide students with handicaps, the special education and related services they are guaranteed under Federal law.

There was a shortage of over 27,000 special educators in school year 1985–86. This represents 8.6 percent of the total number of special education teachers needed. Now, this shortage has been growing at about 1 percent a year, and it is generally agreed that the shortage is under-reported by the States, and they have contributed to this general statement.

The shortage will dramatically increase in the coming decade because of the projected 4 percent increase in the school age population, and the anticipated increase in the rate of retirement amongst special education teachers.

While we do not have data on the number of teachers of minority groups in special education, we know they are significantly under-represented among all employee teachers, and that the representation is declining. Projected by 1990, minority teachers will only comprise about 5 percent of the teaching force. The shortfall of special education teachers is greater than in any other educational area in bilingual education. There has been a 35 percent decline in the past 7 years in numbers of persons obtaining degrees in special education. The capacity of colleges and universities to prepare special educators appears to be diminishing. There is a significant increase in the number of faculty retiring, while at the same time there is a decrease in the number of persons receiving doctoral degrees, resulting in an increased difficulty to fill faculty positions.

It is expected that this situation will dramatically increase in the coming decade, as college and university faculty age out, i.e., persons such as myself. A similar condition exists for special education administrators and supervisors.

Now, our statement which you have gives an indication of the impact of the shortage on students with handicaps and also in the educational system. I would like, however, to emphasize a major point and a dilemma:

The reason for providing a student with a handicap special education and related services is to meet their needs for specially designed instruction that is unable to be met in regular classroom settings. Because of P.L. 94-142 and the mandate to do this, local school districts are not able to withhold services because of lack of qualified personnel. As a result, they are forced to employ unqualified personnel or require existing personnel to serve more and more children, and the number of uncertified personnel presently practicing is projected as high as 30 percent.

Senator HARKIN. Dr. Hale of Minnesota said that they met all of the minimum requirements that the State has. There are three States that had zero, but others——

Dr. CARRIKER. Right. One of the real problem I think is the methodology of reporting by the State, is there a common base line of reporting from one State to another. There is not. There is not.

For example, one would assume that positions that are filled by unqualified personnel should be reported as needed. In the Commonwealth of Virginia, for example, we have those needed and those that are uncertified or unendorsed, so it is broken out there.

Another example might be two local school divisions in the Commonwealth of Virginia. I know of one rural in which there are 10 special ed personnel, and of those 10, seven are not licensed, endorsed. Yet, in another school division, in which 250 are employed, only nine of those are unendorsed, so population does make a difference and it does refer back to rural to some extent.

I recognize that the Federal Government cannot independently solve the problem, that we have got to be partners in some way. It has been 20 years since the passage of Public Law 94-142.

Senator HARKIN. You said there is about a 37 percent decline in the number of people seeking degrees in special education?

Dr. CARRIKER. That is right.

Senator HARKIN. Over the last how many years?

Dr. CARRIKER. Seven to 8 years.

Senator HARKIN. And the trend is going down that way?

Dr. CARRIKER. Yes.

Senator HARKIN. Since we have decided as a Nation to meet the special needs of children and adults with disabilities, are there any special incentives or rewards for a person getting a degree in that area and seeking that as a life career? Is there any special incentive that the Federal Government provides, tax incentives, loans, forgiveness of college student loans, anything like that?

Dr. CARRIKER. Nothing like that, no. There used to be. There used to be support for the preparation of special ed personnel, and there is minimally now, but very minimal.

Senator HARKIN. Now, under the Medicare system we have a provision for reimbursement to doctors that serve rural areas, where they get a 5 percent bonus, 10 percent bonus, something over and above the charges allowed under the prospective payment system, under the DRG's, so we have for different areas, we have carved out special incentives. We have forgiveness of some loans now, do we not, if you go into certain fields—we are talking about for national service now. I am wondering why we have not provided, for example, for a young person who takes this up as a college degree, that maybe some of their loans would be forgiven, all their loans would be forgiven perhaps if they go into this, perhaps they would get a special incentive in terms of pay or remuneration or something like that. We have done it for doctors.

Dr. CARRIKER. Many, many years ago, before Public Law 94-142, there were some States that paid a little bit of an incentive to a teacher who was in special ed, say an elementary teacher, but that was kind of fraught with problems at the local school level.

But in terms of present loans, a good example, why should one of our young people—I use the University of Virginia—why should one of our people come in and go through our program, when she has an opportunity, and it is usually a female, has an opportunity much more now than they ever did before to go into other fields, and as a result when they get out they can afford to pay back a loan, but as a teacher they typically cannot afford to pay back a loan, it is not worth it. Loans just are deadly.

I think I would just like to make a few summary remarks. We believe that it is critical that there must be a significant increase in Federal resources to support special education and related services personnel preparation. We propose an authorization of $150 million for Part D and request the committee convey to the Appropriations Committee the importance of such funding.

Because it is imperative that the Department administer Part D in a collaborative manner with the field, we propose that the Secretary be required to convene a panel of experts to advise the Department on its role in personnel preparation and priorities for the allocation of Part D funds.

States must maintain a mechanism for effectively projecting manpower needs and planning how to meet such needs. A comprehensive system under Part B of EHA and the data requirements under section 618 are inadequate in this regard and we propose strengthening the provisions and making technical assistance available.

It is imperative that there also be activities to support recruiting persons into careers in special education and related services, as well as retraining persons in the field. We propose expanding the authority under section 632, grants to States to permit such activity.

We also propose expanding the funding and functions of the National Clearinghouse for Professions in Special Ed.

Lastly, we strongly oppose actions of the administration last year to remove the minority priority and affirmative action requirements from personnel preparation program grants, and we are glad to hear that the Department is supporting this and bringing it back in.

We believe that these requirements were accepted by the field and did make a difference in providing persons of minority groups greater access to the special education and related services profession. For example, there are almost twice the percentage of students from minority groups in special education personnel preparation programs than in regular education. We urge the Congress to restore these requirements.

Thank you for the opportunity.

[The prepared statement of Dr. Carriker follows:]

## PREPARED STATEMENT OF WILLIAM CARRIKER

### A FREE APPROPRIATE EDUCATION: BUT WHO WILL PROVIDE IT?

**This nation has a serious shortage of qualified special education and related services professionals. Projections of both student and professional demographic data indicate that over the coming years the shortages will reach crisis proportion and seriously impede the ability to provide students with handicaps the special education and related services they are guaranteed under Federal Law.**

Because of this crisis the American Speech Language and Hearing Association (ASHA), the Council of Administrators of Special Education (CASE), The Council for Exceptional Children (CEC), the Council of Graduate Programs in Communication Sciences and Disorders (CGPCSD), the Higher Education Consortium for Special Education (HECSE), the National Association of State Directors of Special Education (NASDSE) and the Teacher Education Division (TED) have developed the following statement and recommendations:

### Problem

The U.S. Department of Education reports that in school year 1985-86 there was a shortage of 27,474 special education teachers (U.S. Department of Education [USDE], 1988). The shortfall had increased by over 10,000 in just two years and is reflective of a long term trend.

**Shortages* of Special Education Teachers and Related Services Personnel in the United States****

| | 1983-84 | 1984-85 | 1985-86 |
|---|---|---|---|
| **Special Educators** | | | |
| Employed | 247,791 | 274,519 | 291,954 |
| Needed | 17,103 | 22,852 | 27,474 |
| Shortage | 6.5% | 7.7% | 8.6% |
| **Related Services Personnel** | | | |
| Employed | 226,505 | 226,021 | 229,872 |
| Needed | 17,504 | 8,114 | 13,712 |
| Shortage | 7.2% | 3.5% | 5.6% |

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*Shortages express the reported needs as a percentage of the total number of teaching positions reported (i.e. the number of employed plus the number needed).

**Information taken from: Department of Education (1986-1988) Eighth, Ninth, and Tenth Annual Reports to Congress on the Implementation of The Education of the Handicapped Act.

**Note**: While the majority of data in this paper focus on special educators, similar shortages are projected for related services professionals.

As serious as the shortfall indicated in the U.S. Department of Education figures is, it may underrepresent the magnitude of the problem. For example, several states failed to report any personnel needs and reports from several others represent figures substantially inconsistent with other states (USDE, 1988). Furthermore, it may inadequately represent the number of persons practicing in special education who do not meet state standards, a figure reported to be 30 percent nationally.

Projected increases in the school age population suggest that there will be an increase in the number of students requiring the assistance of special education professionals (National Center for Education Statistics, 1988, April & July), while at the same time a significant cohort of the special education professionals will be retiring. A major aging out of persons in leadership positions including university faculty (Smith & Lovett, 1987; Smith, Pierce, & Keyes, 1988), administrators, and supervisors will take place within 10 years to be followed by a similar exodus of direct service personnel over the next 20 years. The problem is further exacerbated by the large numbers of special education professionals who, annually, leave the profession for reasons other than retirement.

The Florida Education Standards Commission (1987) has noted that:

> In 1980, 12.5 percent of the U.S. teaching force in public elementary and secondary schools were members of a minority group. Since minorities comprised 21.3 percent of the national population, they were clearly under-represented among employed teachers. All trends indicate that, rather than growing in representation, minority teachers, especially blacks, are diminishing in number and as a proportion of all public school teachers. Indeed, projections are that, unless interventions reverse the trend, by 1990 the teaching force will be barely 5 percent minority, while fully one-third of the students in public schools will be minority children.

A recent study of undergraduate education programs found that minority students represented about 10 percent of the students preparing for careers in elementary or secondary education, while 20 percent of the students preparing for careers in special education were members of minority groups (American Association of Colleges of Teacher Education, 1988). While these data are encouraging, they still fall far short of the need.

Our nation's ability to prepare teachers and other specialists in college and university training programs is seriously impeded because of the declining production of leadership personnel. There has been a decrease in the number of doctoral degrees in special education awarded over the past decade (Bowen, 1988; Sindelar & Taylor, in press) and it is anticipated that a substantial percentage of faculty in special education will be retiring in the not too distant future.

There has been a continuing decline over the past decade in special educators graduating from personnel preparation programs. The National Center for Education Statistics reports a 35 percent decline of such graduates within the decade (Clearinghouse for Professions in Special Education, 1988). Data indicate that while there are serious problems in the number of persons being prepared for careers in education overall, the shortfall in special education is of substantially greater magnitude than in any other area other than bilingual education (Akin, 1988).

Finally, it is important to note that this is a long term trend that is common across all specializations within the profession whether they be by disability or by job role (USDE, 1988). The problem is of a national scope that leaves no region of the country unaffected (Akin, 1988).

## Implications

Because of the lack of qualified special education professionals, school districts are increasingly having to employ strategies that seriously undermine the capacity of the nation to guarantee the provision of a free appropriate public education to children with handicaps:

- Employing persons to fill special education positions with little or no preparation who do not meet state or professionally recognized standards.
- Increasing class size and case loads beyond the capability of professionals to provide appropriate education.
- Constraining placement and programmatic decisions to meet available personnel resources rather than child needs.

We believe that unless this trend is reversed, there will be a major deterioration of both the availability and quality of special education for our nation's children with handicaps. This, we fear, will result in many of the following consequences:

- An increase in the number of persons with handicaps without the appropriate knowledge and skills to function effectively and contribute to an increasingly complex society.
- An increase in the number of students with handicaps who will drop out of school before graduation.
- An increase in the demand for, and cost to society for social services to care for individuals with disabilities.
- An increase in the pressures on families to deal with the developmental and educational needs of their children with disabilities.

- An increase in the demands on regular educators to meet the needs of a broader range of learning problems in their classrooms.
- An increase in the legal problems that school districts will face in trying to meet mandated requirements for special education services.
- An increase in the fragmentation of services and resources.

## Recommendations

It is our belief that it is not too late to solve this problem; but to do so will require a coordinated significant effort on the part of professional associations, state and local education agencies, colleges and universities, the federal government, and the private sector. In this regard, we have taken the first step by declaring the existence of a national emergency and describing the goals that we will jointly pursue.

1. There needs to be both an increase and improvement in the financial support available to students pursuing careers in special education both at the entry and leadership levels. Student loan programs do not attract students into careers that offer limited financial remuneration.

2. A major coordinated campaign needs to be initiated to recruit persons for careers in special education, with particular attention given to ethnic populations and persons with disabilities. The campaign should be directed at high school students, other education professionals, and persons seeking career changes. The development of information and dissemination of products, media campaigns, active recruitment by special education professionals, and opportunities to work and interact with students with handicaps are some of the activities that should be undertaken.

3. Better data needs to be collected, analyzed, and disseminated regarding the special education and related services work force. Such data should include information about the characteristics of the present work force, projections of work force needs over a five year period, characteristics of persons leaving the work force, and the capacity and productivity of personnel preparation programs.

4. There needs to be a greater utilization of the special projects' authority and investment in developing better knowledge about how to prepare personnel and improving the curricula that are used in preparation programs.

5. All levels of government must exert greater responsibility to assure that persons employed to provide special education are qualified by virtue of their preparation to provide the specially designed

instruction and services required by law. The employment of unqualified personnel is both a disservice to the children who are placed with such personnel and masks shortage problems so that long term solutions are rarely utilized.

6. There is a need for institutions of higher education (IHE) that prepare special education personnel to be perceived and treated as part of the total system for providing a free appropriate public education (FAPE) to students with handicaps. Just as states have a responsibility to assure that local school districts and other agencies have the capacity to deliver FAPE, similar attention must be given to assure that IHEs have the capacity to prepare the qualified personnel needed.

7. Because wide diversity exists among personnel preparation programs and among the certification and licensure requirements of states, the ability of special educators to practice is restricted to selected states, thereby contributing to personnel shortages in other states. Responsible professionally recognized certification, licensure, and accreditation standards should be utilized by states and personnel preparation programs.

8. There is a need for an expanded effort to prepare special education leadership personnel, including persons from ethnic populations and persons with disabilities. Qualified administrators, researchers, teacher educators, and other leadership personnel are essential to the maintenance of the integrity and capacity of any field of endeavor. These professionals are vital to the infrastructure of special education and are generally prepared at the doctoral level. Such doctoral programs require stable federal support.

9. Greater attention needs to be given to examining the reasons for the high attrition rate of special education personnel and strategies developed and implemented to increase the retention rate.

10. In a field that is as dynamic as education of children with handicaps, there needs to be effective continuing education opportunities to assure that personnel are well prepared throughout their careers.

## RECOMMENDATIONS FOR THE REAUTHORIZATION OF THE EDUCATION OF THE HANDICAPPED ACT

We propose the following amendments to The Education of the Handicapped Act (EHA) to assist in addressing the crisis in special education personnel preparation:

1. That the authorization for Part D of EHA be increased to $150 million for FY-90 and that priority be given to this Part in appropriations considerations.

2. That the Secretary be required to appoint and convene a panel of experts to advise the Department on an ongoing basis with respect to the Department's role in alleviating personnel shortages in special education and related services. Additionally, this panel should be convened yearly to advise the Department on priorities for the allocation of Part D funds.

3. That recruitment and preparation of minority students and special populations of students, including students with disabilities, be an established priority within all grant competitions issued under Part D and that the Secretary be required to reestablish the priority to prepare minority personnel.

4. That Section 631(a)(1)(A-E) be amended to read: (A) special education teaching, including speech-language pathology and audiology, and adaptive physical education; (B) related services to handicapped children and youth in educational settings; (C) special education and other careers in preschool and early intervention services for handicapped children; and (D) special education leadership, including supervision and administration (at the advanced graduate, doctoral, and post-doctoral levels) and special education research and special education personnel preparation (at the doctoral and post-doctoral levels).

5. That Section 613(a)(3) be amended to expand the Comprehensive System of Personnel Development (CSPD) to adequately address the basic manpower issues. We suggest strengthening CSPD in the following manner:

   A. Each state be required to: (a) develop a personnel preparation plan that identifies the need for special education and related services personnel; and (b) coordinate efforts among state and local education agencies and institutions of higher education to recruit, prepare, and retain qualified personnel. Progress made in implementing these plans should be reported annually.

   B. Each state should have a personnel data collection system including data on:

(1) Personnel employed and projections of personnel needed over the next five years.

(2) Personnel needed, including numbers of uncertified or unlicensed personnel.

(3) Personnel preparation programs in the state, including the numbers of students admitted to preservice programs and the numbers of students graduating with certification or licensure.

C. Data gathered through the personnel data collection system should be reported in the Annual Report to Congress and replace the data required to be reported under Section 618 (b)(6).

6. That the authority under Section 632, Grants to the States, be amended to include manpower planning and recruitment and retention activities. In this regard, we would support earmarking ten percent of the Part D appropriation for the purposes of Section 632.

7. That Section 631 (b) pertaining to special projects be amended to include authority to support recruitment and retention.

8. That the work scope of the Clearinghouse authorized under Section 633 (c) be expanded to include technical assistance to support: (a) personnel recruitment efforts by state and local education agencies and institutions of higher education; and (b) state efforts to carry out the purposes of the proposed Comprehensive System of Personnel Development. We support funding this Clearinghouse at a level which will ensure that it will be able to perform these and existing functions effectively. We also suggest that the authorization level for all three Clearinghouses be increased to $4.0 million.

9. That Part E of the Act pertaining to research be amended to include an authority for research on personnel preparation and continuing education.

## REFERENCES

Akin, J.N. (1988). Teacher supply and demand: A recent survey. In 1988 ASCUS Annual (pp. 19-21). Addison, IL: Association for School, College, and University Staffing, Inc.

American Association of Colleges of Teacher Education. (1988). Teacher education pipeline: Schools, colleges, and departments of education enrollments by race and ethnicity. Washington, D.C.: Author.

Bowen, M.L. (1988). Leadership training in special education: A status analysis. Washington, D.C.: National Association of State Directors of Special Education.

Clearinghouse for Professions in Special Education. (1988, December). The decline in special education degrees conferred. Reston, VA; Author.

Florida Education Standards Commission. (1987). Minority teachers for Florida's classrooms: Meeting the challenge to the Governor, State Board of Education, and the Florida Legislature. Tallahassee, FL: Florida Department of Education.

National Center for Education Statistics. (1988, April). Targeted forecast. Washington, D.C.: U.S. Department of Education.

National Center for Education Statistics. (1988, July). Pocket projections. Washington, D.C.: U.S. Department of Education.

Sindelar, P.T., & Taylor, C. (1989, in press). Supply and demand for doctoral programs in special education and communications disorders. Teacher Education and Special Education, 11 (4).

Smith, D.C., & Lovett, D. (1987). The supply and demand of special education faculty members. Will the supply meet the demand? Teacher Education and Special Education, 10, 88-96.

Smith, D.D., Pierce, T.B., & Keyes, D.W. (1988, November). Leadership training in special education: Is there a shortage of special education doctoral personnel? Unpublished manuscript, University of New Mexico, Special Education Department, Albuquerque.

U.S. Department of Education. (1988). Tenth annual report to Congress on the implementation of The Education of the Handicapped Act. Washington, D.C.: Author.

Senator **Harkin**. Thank you, Dr. Carriker.

Ms. Ruppmann, who is testifying on behalf of the Consortium for Citizens with Disabilities, the major organization of disability groups. I understand that you are the mother of an autistic son and you have been active for many years with advocacy groups. Welcome to the subcommittee.

Ms. **Ruppmann**. Thank you, Mr. Chairman. I have got my watch and I know we are moving right along here with our time and eating it up quick.

Yes, I am the parent of a 17-year-old son who has autism, but I need to tell you that I also have a 21-year-old son who also went through special education in the public school system and graduated, he made it and is now serving in the Navy at the Naval Air Station in Willow Grove, Pennsylvania and is doing very well, one of our 94,142 success stories.

Senator **Harkin**. Great.

Ms. **Ruppmann**. I thought you would like to hear of that one.

The CCD Education Task Force has already submitted to the committee a statement of problems on the implementation of the Education of the Handicapped Act as identified by the Task Force member organizations and a detailed set of recommendations concerning the discretionary program under EHA.

I would like to ask at this time that both of these documents which I have here be made a part of the record of this hearing.

Great strides have been made on behalf of children since the enactment in 1975 of Public Law 94-142. However, it is apparent—and I tend to be a good news person, so that is why I started out with good news, but my subject is unmet needs and we need to move into the very critical areas that continue to be a significant problem in the understanding of this law as well as its implementation.

The CCD Education Task Force wants to commend the subcommittee for taking an in-depth look at the discretionary programs. We believe the review at this time is extremely important. While discretionary program funding represents less than 1 percent of the total Federal and State expenditures for special education, these programs have great potential for improving the quality of special education and related services.

The discretionary programs serve as a vehicle to address problems in the implementation of EHA, to promote exemplary practices, expand the cadre of special educators and related services personnel, provide critical information and technical assistance to parents and special educators and they can bridge the gap between research and practice.

At their most successful, the discretionary programs inspire, can empower, support innovation, and raise our expectations, both for the children that we serve and for ourselves.

CCD believes that discretionary programs can be better used to address problems we have identified in the implementation of Public Law 94-142, and our specific recommendations to accomplish that are contained in the document I have submitted and we urge you to act favorably on these proposals as you move to reauthorize discretionary authority.

The other document we have submitted, "Education of the Handicapped Act Implementation Practices," discusses implementation problems. We found that in trying to describe the problems in the special education system, it is necessary to discuss Part B issues as well as all parts of the discretionary authorities. It is necessary to have an understanding of the basic problems, and that is essential in order to effectively amend the discretionary programs so as to encourage the field to more effectively solve these problems.

We believe it is important for the subcommittee to understand all the difficulties at this time. For that reason, our problem statement today expands somewhat beyond the discussion of discretionary authority, but certainly can assist in clarifying those areas of concern where discretionary programs are interrelated.

The major problem areas that we have identified are as follows:

Assessment: Some children with special needs (particularly those with serious emotional disturbance sensory/communications difficulties and others) are often not identified. Teachers and parents I know in my 17 years experience have often expressed deep concern that the act of disruptive youngsters in a classroom is often identified, but that it may be the quiet, compliant, withdrawn child who may be the most troubled and most in need of our services. The Department of Education is now studying this issue as it pertains to children with serious emotional disturbance, and we look forward to seeing their recommendations.

Services: Children with special needs (children with multiple-handicaps, with severe intellectual disabilities, with autism, with serious emotional disturbance or sensory or communications difficulties) are often provided inadequate and/or inappropriate or inappropriately coordinated services. We recommend some new demonstration programs to begin to develop the knowledge and expertise to meet the needs of these children, increased emphasis on the use of related services and improved training for teachers and related services providers and administrators.

Least restrictive environment: Placements are not always based on a true evaluation of each individual and their learning and socialization needs and there is often not a wide array of supplementary and supportive services to implement placement of the youngsters in the least restrictive environment. We recommend further research, a demonstration program for training personnel and the development of program models concerning least restrictive environment. I think this is a chronic issue and parents and teachers have been forced over the years, I think most of us would agree, to make a tradeoff between a normalized school environment in the neighborhood with access to typical peers and the activities of a normal school day and the requirements that that child be provided services as developed by their IEP. It is a costly tradeoff and one I think we need some time in looking at.

Coordination: There is a lack of coordination between special education and regular education and between education and other related services agencies. I kind of giggled over that one, because I think in an effort to make lemonade out of lemons, parent educators and parent support groups and professional groups over the years have simply trained us to be our own children's case managers and that is how we coordinate, those of us who are able to do it. I think every parent has had that experience.

The serious side of that I think was in a letter in an advocacy book, a book teaching about how to be an educational advocate for your child, where the writer of the book asked a parent to write him a letter, and he said what do you wish for, and she very simply but very powerfully said not to die—case managers, coordination.

Curriculum: There are problems with the curriculum content for many special education students, and you will see that we have proposed a new Part C initiative for seriously emotionally disturbed children which will focus, in part, upon curriculum problems.

Assistive technology: Assistive technology devices and services are often not available. We have a number of suggested amendments to define assistive technology, to encourage the greater use of assistive technologies and to train personnel in the use of assistive technology services.

As a parent and a parent educator, I was very glad to see that we have also spent some time expanding and discussing the concept of exactly what is assistive technology. With the fantastic advances that have been made and some of the experimental and not so experimental any more, really futuristic technologies, we may be overlooking some of the simple things.

For example, two groups of very high incidence students in special education in the United States are those students who have learning disabilities and those students who are considered to have mild mental retardation, a large group of kids. It is not unusual to see those children at 16, young men and women, 17, 18, sitting in a classroom with well-meaning teachers remediating their spelling, while at the same time in almost every workplace I know of these days, and in most middle class homes—and that is a growing number—we use an assistive technology called a spell-checker.

Monitoring and compliance: The monitoring and compliance system often does not pick up individual and systemic violations, and the breadth of monitoring activities is too narrow. We suggest a number of amendments to make the compliance system more responsive to the systemic needs of students with handicaps and their families. I cannot say any more about that or I will get in trouble.

Information and advocacy: Parents need more information and all parents of children in special education need access to advocacy services. We recommend expansion of the efforts of national clearinghouses and parent training centers and the establishment of an advocacy system that will assist parents in protecting the rights of all children in special education, and that is elaborated on more here. There are certain groups of children for whom adequate advocacy is just simply not available and we have documented some of that here today better than I can for you.

I just want to say that this idea of parent information was sort of a hot topic. We are not quite so hot any more, but we were a real hot topic for a long time and folks really had generated, in all fairness, a whole bunch of information. I think the question here is what the information is and really more the qualitative aspects of it than the quantity, and I think that is where the parent centers have made the biggest dent.

I brought my local parent center newsletter and I will just tell you that this information here is not available to me as a parent any place else I know of. Other people need that information. With the kind of information that we generate in the parent center movement, the philosophy is different, so I think we need to take a look at who owns that information and how they decide and what they decide parents need to know. I think that has been a valuable contribution of the parent center philosophy.

There is a desperate lack of pre-service and in-service training and support for regular, special and vocational educators, parents and related services professionals for children with more challenging needs. We have heard that and it cannot be reiterated more often. We do make a number of recommendations to improve the Part D training programs.

I would like to finish with a quick concern about Part H. Part H right now does not adequately protect parents in several respects, including parent sign-off on the service plan, confidentiality, and sometimes intrusive assessment procedures and due process rights. We recommended a number of minor but important amendments to Part H at this time to address those issues.

By considering our proposals for changes to the discretionary programs, the Subcommittee can move toward solving many, albeit not all, of these problems that we have laid out for you today.

Mr. Chairman, that does conclude our remarks and I thank you for your time.

[The prepared statement of Ms. Ruppmann follows:]

## PREPARED STATEMENT OF JAMIE RUPPMAN

Mr. Chairman, Members of the Subcommittee:

My name is Jamie Ruppman. I am a parent of a son with autism and have been active in the advocacy movement for individuals with disabilities for some years. My statement today is presented on behalf of the Consortium for Citizens with Disabilities Task Force on Education.

The CCD Education Task Force has already submitted to the Committee a statement of problems in the implementation of the Education of the Handicapped Act, as identified by Task Force member organizations, and a detailed set of recommendations concerning the discretionary programs under EHA. I would like to ask at this time that both these documents, which I have here, be made a part of the record of this hearing.

Great strides have certainly been made since the 1975 enactment of PL 94-142, in providing children with disabilities a free and appropriate public education. However, it is apparent that there continue to be signficant problems in the implementation, as well as the understanding of this law.

The CCD Education Task Force wants to commend the Subcommittee for taking an in-depth look at the discretionary programs at this date. We believe this review is extremely important. While discretionary program funding represents less than 1% of the total federal and state expenditures for special education, these programs have great potential for improving the quality of special education and related services. The discretionary programs serve as a vehicle to address problems in the implementation of EHA, to promote exemplary practices in special education and related services, expand the cadre of special educators and related services personnel in the fields, provide critical information and technical assistance to parents and special educators and bridge the gap between research and practice.

CCD believes the discretionary programs can be better used so as to address problems we have identified in the implementation of PL 94-142. Our specific recommendations to accomplish that are contained in the documented entitled Reauthorization of the Education of the Handicapped Act: CCD Education Task Force Recommendations. We urge the Subcommittee to consider those proposals, as you move to reauthorize the discretionary authorities.

The other document we have submitted, Education of the Handicapped Act: Implementation Practices, discusses implementation problems. In describing the problems in the special education system, we found it necessary to discuss Part B issues, as well as all parts of the discretionary authorities. An understanding of the basic problems is essential in order to effectively amend the discretionary programs so as to encourage the field to more effectively meet the educational needs of children with disabilities. While some of the problems we identify cannot be solved through the discretionary programs (such as the difficulties in securing adequate federal monitoring of the implementation of the program in the states), we believe it is important for the Subcommittee to understand all of these difficulties at this time. For that reason, our problem statement goes beyond a discussion of the discretionary authorities.

The major problem areas which the CCD Education Task Force has identified are as follows:

- Assessment Some children with special needs (particularly those with serious emotional disturbance or sensory/communications difficulties) are often not identified. (The Department of Education is now studying this issue, as it pertains to children with serious emotional disturbance, and we look forward to seeing their recommendations.)

- Services Children with special needs (children with multiple-handicaps, with severe intellectual disabilities, serious emotional disturbance or sensory and communications difficulties) are often provided inadequate and/or inappropriate or inappropriately coordinated services. (We recommend new demonstration programs to begin to develop the knowledge and expertise to meet the needs of these children, increased emphasis on use of related services and improved training.)

- Least Restrictive Environment Placements are not always based on a true evaluation of each individual and his/her learning/socialization needs and there is often not a wide array of supportive services available. (We recommend further research, a demonstration program for training personnel and the development of program models concerning LRE.)

- Coordination There is a lack of coordination between special education and regular education and between education and other related services agencies. (Our recommended changes to the demonstration programs include an emphasis on improved interagency coordination for difficult to serve populations.)

- Curriculum There are problems with the curriculum content for many special education students (We propose a new Part C initiative for seriously emotionally disturbed children which will focus, in part, upon curriculum problems.)

- Assistive Technology Assistive technology devices and services are often not available. (We have a number of suggested amendments to define assistive technology, to encourage greater use of assistive technologies and to train personnel in the use of assistive technology services.)

- Monitoring and Compliance The monitoring and compliance system often does not pick up individual and systemic violations, and the breadth of monitoring activities is too narrow. (We suggest a number of amendments to make the compliance system more responsive to the systemic needs of students with handicaps and their families.)

- Information/Advocacy Parents need more information and all parents of children in special education need access to advocacy services. (We recommend expansion of the efforts of national clearinghouses and parent training centers and the establishment of an advocacy system for parents of all children in special education.)

■ Training There is a desperate lack of pre-service and in-service training and support for regular, special and vocational educators, parents and related servies professionals for children with more challenging needs. (We make a number of recommendations to improve the Part D training programs.)

■ Part H Part H does not adequately protect parents in several respects, including parental sign-off on the service plan, confidentiality, sometimes intrusive assessment procedures and due process rights. (We recommend a number of minor amendments be made to Part H at this time to address these issues.)

■ Transportation Children must often ride unnecessarily long periods of time on busses, and parents must travel long distances to visit children placed away from home community. (We recommend report language to correct transportation-related problems.)

By considering our proposals for changes to the discretionary programs, the Subcommittee can begin to move towards solving many, albeit not all, of these problems in the system.

Mr. Chairman, that concludes my remarks. I thank you for your time, and assure you that the CCD stands ready to answer any questions you may have about our statements and to assist the Committee in any way that would be helpful to you.

## Consortium for Citizens with Disabilities

## Education Task Force Recommendations

## PART A GENERAL PROVISIONS

Issue: Since the passage of the Education of the Handicapped Act, advances in the development and use of assistive technology have provided new opportunities for children with disabilities to participate in educational programs. Additionally, professionals in the field of speech, occupational and physical therapy, computer access and rehabilitation technology have learned how to evaluate a student's potential to benefit from assistive technology, and to provide training in the use of the device.

For many students with special needs, the provision of assistive technology devices and services will redefine an "appropriate placement in the least restrictive environment" and allow greater independance and productivity. However, many children who could benefit from assistive technology do not have access to the appropriate related services critical to the acquisition and use of assistive technology devices.

In many cases, assistive technology services are excluded from the child's IEP, and special education and related services personnel are not provided with the training and support needed to integrate assistive technology into educational programs. Individuals involved in the provision of special education and related services need access to information on the range of assistive technology devices currently available and the application of assistive technology in educational settings.

### Sec. 602 (a) Definitions

Issue: There is confusion regarding the vocabulary of terms used in reference to technology-related programs and services. There is a need to provide clarity and consistency in the use of terminology within EHA. This will help to clarify the range of activities that could be supported under the Act, and assure consistency with the definitions in Section 3 (1) and (2) of P.L. 100-407, the Technology-Related Assistance for Individuals with Disabilities Act.

Recommended Change in Current Law:

Sec. 602 (a) (5) The term "equipment" includes machinery, utilities, and built-in equipment and any necessary enclosures or structures to house them, and includes all other items necessary for the functioning of a particular facility as a facility for the provision of educational services, including items such as instructional equipment and necessary furniture, printed, published, and audio-visual instructional materials, telecommunications, sensory, and other assistive technology devices, and books, periodicals, documents, and other related materials.

Part A

Sec. 602 (a)

(24) The term "assistive technology device" means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

(25) The term "assistive technology service" means any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. Such term includes -

(A) the evaluation of the needs of an individual with a disability, including a functional evaluation of the individual in the individual's customary environment;

(B) purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by individuals with disabilities;

(C) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices;

(D) coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

(E) training or technical assistance for an individual with disabilities, or, where appropriate, the family of an individual with disabilities; and

(F) training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with disabilities.

Issue: "Assistive technology service" is not included as a related service on a consistent basis. As a result, many students who could benefit from the use of assistive technology are not identified or evaluated. Without these services, students with disabilities may be denied access to the tools they need to receive a free and appropriate education.

Recommended Change in Current Law: The Task Force is seeking changes that will result in the inclusion of "assistive technology service" as a related service. We are currently working with Congress and experts in the fields of special education and assistive technology to determine the most effective approach for implementing these changes.

## Part A - "Statement of Findings and Purpose"

### Definitions: 'Related services'

Issue:

- Transportation is included under related services paid for by EHA funds, yet at least two distinct implementation difficulties are noted, and should be addressed. First is the issue of excessive rides on busses for children with disabilities, stopping enroute to their segregated school placements at their neighborhood schools to unload the neighborhood children without disabilities attending that school. Secondly, is the issue of residential out-of-state placements and the cost of visits to determine placement appropriateness by parents, and by parents and children, to each other once placement is established.

Recommended chance to current law:

Section 602 (17)

- Section 4 (a) Section 602 of the Act (20 U.S.C. 1402) is amended-

  "(17) The term 'related services' means transportation, and such developmental, corrective, and other supportive services (including speech pathology and audiology, psychological services, physical and occupational therapy, recreation, and medical and counseling services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a handicapped child to benefit from special education, and includes the early identification and assessment of handicapped conditions in children.

  Children placed outside of neighborhood schools should utilize transportation related service funds to ride buses directly to their own schools.

  Families whose children are to be placed by the school district at a great distance from home should be funded via EHA to:

  - visit potential placement settings with their children;
  - visit their children once placement has been established;
  - bring their children home from such placement for home visits.

Accompanying report language:

- None at this time

## Part A - "Statement of Findings and Purpose"

### Definition - 'Individualized educational program'

Issue:

- Extended school year (ESY) services require a clarification of definition regarding what constitutes ESY services.

Recommended change in current law:

Section 602(19)

- Section 4. (a) Section 602 of the Act (20 U.S.C. 1402) is amended-

"(19) The term individualized educational program' means a written statement for each handicapped child developed in any meeting by a representative of the local educational agency or an intermediate educational unit who shall be qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of handicapped children, the teacher, the parents or guardian of such child, and whenever appropriate child, which statement shall include (A) a statement of the present levels of educational performance of such child, (B) a statement of annual goals, including short-term instructional objectives, (C) a statement of the specific educational services to be provided to such child, and the extent to which such a child will be able to participate in regular educational programs, (D) the projected date for initiation and anticipated duration of such services, and appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether instructional objectives are being achieved.

No statutory changes recommended.

Accompanying report language:

Clarification as to what constitutes ESY services for children in special education should be as follows:

- After school and summer school programs clearly meet the requirements for ESY services.

## Part 3 - Assistance for Education of All Handicapped Children

## Section 616 - Withholding and Judicial Review

Monitoring and Compliance

• Issue: As discussed on page 4 and 5 of the CCD Education Task Force EHA Implementation Paper, the system of monitoring and compliance currently used by OSEP is not strong enough to be responsive to the systemic needs of students with handicaps and their families. A number of suggested changes are outlined below as minimal for an effective system.

Recommended changes in current law:

To accompany Section 616 the following Report Language is suggested:

To the Secretary's system of monitoring for compliance of PL 94-142, it is the intent of the Committee that the following activities be added:

1. Pre-visit briefings for the states should involve Protection and Advocacy Systems, parent representatives, and other advocates, in order to inform all parties simultaneously of the interests and intent of the OSEP monitoring teams' upcoming visits to the states.

2. Participation in the initial on-site hearings should include Protection and Advocacy Systems, parent representatives and other advocates. Parent Training and Information Centers should have responsibility for training parents for involvement at OSEP monitoring and compliance hearings in the states, including on-site consultations.

3. At the time of the OSEP monitoring teams' review of the state plans, strong consideration should also be given to a review of the states' policies and procedures, as well as to facilitate a review of the integration of these documents at a later time.

4. Exit interviews should be constructed to include Protection and Advocacy Systems, parent representatives and other advocates, who have participated in the initial on-site hearings in states, to share the team's preliminary report findings.

5. Draft reports from the Office of Special Education Programs monitoring teams should be made available to both Protection and Advocacy Systems and parent representatives simultaneously with the draft report issuance to state education agencies.

6. Included in the Office of Special Education Programs' responsibilities for monitoring and compliance should be a follow-up to the corrective action plans via specific product

requirements from the state education agencies. These products would directly result from the completion of each corrective action. Congress should earmark funds for a full-time employee on he OSEP staff to do follow-up on the corrective action plans, including the responsibilities described above.

NOTE: An effective federal monitoring and compliance system would require a commitment in the Department of Education to increased funding levels and numbers of monitoring personnel. We suggest that the Committee seek ways of directing more money into this effort.

## Section 618 - Evaluation

### Out of Community Placements

- Issue: There is little information available on out of community placements for children with serious emotional disturbances. A special study is requested to examine this issue.

Recommended change in current law:

Accompanying Report Language: Section 618.(a):

At least one study shall examine the extent of utilization of out of community residential programs for children and youth with serious emotional disturbance, the factors that influence such placement decisions, the extent to which such children and youth transition back to educational programs in their communities and the factors which facilitate or impede such transition.

## Part B - "Application"

Regarding - Individualized Educational Program

Issue:

- Extended school year (ESY) services require a clarification of how they will be mandated.

Recommended change in current law:

Section 614 (a)(5)

- "Section 614 (a) A local educational agency or an intermediate educational unit which desires to receive payments under section 611 (d) for any fiscal year shall submit an application to the appropriate State educational agency. Such application shall-

  (5) provide assurances that the local educational agency or intermediate educational unit will establish, or revise, whichever is appropriate, an individualized education program of each handicapped child at the beginning of each school year and will then review and, if appropriate revise, its provisions periodically, but not less than annually.

  No statutory changes recommended.

Accompanying report language:

Specification of after school and summer school services in a child's IEP mandates the receipt of EHA funds for such services.

## Part B - "Procedural Safeguards"

### Regarding - Access to records

**Issue:**

- Access to records has been interpreted by states differently, and as such has denied some parents, the required accessibility beyond simply on-site viewing of their children's records.

**Recommended changes to current law:**

Section 615 (b)(1)(A)

- Section 615.

  "(b)(1) The procedures required by this section shall include, but shall not be limited to -

  "(A) an opportunity for the parents or guardian of a handicapped child to examine all relevant records with respect to the identification, evaluation, and educational placement of the child, and the provision of a free appropriate public education to such child, and to obtain an independent educational evaluation of the child.

  No statutory change recommended.

**Accompanying report language:**

The definition of "access" should be clarified to include access beyond on-site review of records, and to include access to copies of records for review off-site.

Similar obstacles are faced in the implementation of the FERPA regulations, documenting an across the board problem for all parents. The possibility of omnibus amendments enacted to apply to both pieces of legislation simultaneously, should be considered.

## Part B - "Procedural Safeguards"

### Regarding - Hearing process

Issue:

- The question of the independence of hearing officers resurfaces in different states. Clarification is needed to avoid apparent conflicts of interest.

Recommended changes to current law:

Section 615 (b)(2)(c)

- Section 615.

"(b)(1) The procedures required by this section shall include, but shall not be limited to -

"(2) Whenever a complaint has been received under paragraph (1) of this subsection, the parents or guardian shall have an opportunity for an impartial due process hearing which shall be conducted by the State educational agency or by the local educational unit, as determined by State law or by the State educational agency. No hearing conducted pursuant to the requirements of this paragraph shall be conducted by an employee of such agency or unit involved in the education or care of the child.

"(c) If the hearing required in paragraph (2) of subsection (b) of this section is conducted by a local educational agency or an intermediate educational unit, any party aggrieved by the findings and decision rendered in such a hearing may appeal to the State educational agency which shall conduct an impartial review of such hearing. The officer conducting such review shall make an independent decision upon completion of such review.

No statutory changes recommended.

Accompanying report language:

Independence of review officers should be defined with particular emphasis on two-tier systems, to exclude any individuals employed by the state education agency.

## Part C - Centers and Services to Meet Special Needs of the Handicapped

**Section 621 - Regional Resource Centers**
**Section 622 - Services for Deaf-Blind Children and Youth**
**Section 623 - Early Education for Handicapped Children**
**Section 624 - Programs for Severely Handicapped Children**
**Section 625 - Postsecondary Education**
**Section 626 - Secondary Education and Transitional Services for Handicapped Youth**

### Personnel Training

- Issue: There is little coordination between the serious shortage of trained personnel and the large number of discretionary grants that are awarded each year. Where appropriate, the Secretary should be given the authority to place a priority on grants that can also be utilized as a training site within the state.

Recommended change in current law:

To each of the Sections add the following language:

In awarding grants under this section the Secretary is authorized to place special emphasis on proposals that include personnel training and coordination with the state in-service training network(s) as part of the planned activities for the funding.

### Least Restrictive Environment

- Issue: Many students continue to be isolated from their peers in residential placements, center-based facilities or separate classrooms. These placement decisions do not provide these students and their families with a choice for an integrated system, despite the fact that the field of special education has the knowledge, skills, and technology necessary to successfully place children with disabilities with their peers who have no disabilities. Priority should be placed on research and demonstration, dissemination of information and actual service delivery under these sections that highlight a better understanding of LRE best practices and capacity building within the local education agencies.

Recommended change in current law:

Sections 622, 623, 624, 625, 626: Add the following subsection: In awarding grants under these sections, the Secretary shall place a priority on projects that enhance appropriate LRE placements.

Part C

• Issue: Sections 621, 624, 625, and 626: See Related Services document, pages 3, 4, and 5.

## Section 626 - Secondary Education and Transitional Services for Handicapped Youth

Expansion of Transitional Services

• Issue: The transition years for young adults with special needs from school to work is a very crucial time in their lives. Some very good programs have resulted from Section 626 projects. However, the programming is limited and in need of expansion. CCD recommends that the Committee expand the current capacity of the Department for provision of transitional services.

Recommended change in current law:

Accompanying Report Language:

The transition years for young adults with special needs are very important to their future successes. The Committee instructs the Secretary to expand the number of transitional projects currently funded under this section.

Assistive Devices for Transitioning Students

• Issue: There is a lack of coordination among State and local education agencies and diverse service organizations regarding the procurement, possession and maintenance of assistive technology devices, and the provision of assistive technology services for transitioning students. Consequently, students with disabilities often lose access to assistive technology devices and services as they make the transition from educational to vocational rehabilitation, postsecondary education, employment or adult services.

Recommended change in current law:

Section 626.(f) The Secretary, as appropriate, shall coordinate programs described under Subsection (a) with projects developed under Section 311 of the Rehabilitation Act of 1973. The Secretary shall fund one or more demonstration models designed to establish appropriate methods of providing, or continuing to provide, assistive technology devices and services to secondary school students as they transition to vocational rehabilitation, employment, post-secondary education, or adult services. Such demonstration models shall include, as appropriate

(1) cooperative agreements with the Rehabilitation Services Administration and/or state vocational rehabilitation agencies

which insure continuity of funding for assistive technology devices and services to such students.

(2) methods for dissemination of exemplary practices which can be adapted or adopted by transitional programs for secondary school students with disabilities.

Accompanying Report Language:

The Committee is concerned that students with handicaps often lose access to assistive technology devices and services when they transition from secondary school to the vocational rehabilitation or other service delivery systems. To address this problem, the Secretary is authorized to fund one or more demonstration models designed to insure devices or services to such students. The Committee anticipates that one or more authorized demonstration models will explore such issues as

(1) the types of assistive technology devices and services to be provided to transitioning students;

(2) the cost of, and the primary payor for, assistive technology devices and services;

(3) the duty to repair or maintain such assistive technology devices and services, and;

(4) the respective responsibilities of the State education agency, the local education agency, and the State vocational rehabilitation agency relative to these and other matters.

NOTE: Section 628.(f). To accommodate the need for increased transitional activities, it is suggested that the Committee significantly increase the authorization for Section 626.

### New Section - Services for Children with Serious Emotional Disturbance

- Issue: There is a serious problem with a lack of services or very inappropriate services for students who have serious emotional disturbance. This problem needs immediate attention and one of the many approaches should be a separate discretionary authority focusing exclusively on these students.

Recommended change in current law:

To the current Part C, add the following new Section:

Section 628. The Secretary is authorized to make grants to institutions of higher education, state educational agencies, local educational agencies, or other appropriate public and private nonprofit institutions or agencies to improve special education and related services to children and youth with serious emotional disturbance, including

Part C

(a)(1) Studies regarding the present state of special education and related services to such children and their families including the establishing and maintenance of data bases for assessing the improvement of such services over time.

(2) Projects to develop methodologies and curricula designed to improve special education and related services programming.

(3) Projects to develop and demonstrate strategies and approaches to reduce the use of out of community residential programs and the increased use of school-district-based programs (which may include, but are not limited to, day treatment programs, after-school and summer programs).

(4) Projects to develop the knowledge, skills and strategies for effective collaboration among special education, regular education, related services, and other professionals and agencies and demonstration projects in this regard.

(5) Projects to demonstrate innovative approaches to assist children with emotional and behavioral problems from developing serious emotional disturbances that require the provision of special education and related services.

(6) Knowledge synthesis and dissemination activities.

(b) In making grants under this section, the Secretary shall give priority to projects and activities which address in whole or in part the needs of the ethnically and culturally diverse children and their families.

(c) There are authorized to appropriated to carry out Section 628 $15,000,000 for FY 1990, and such sums as may be necessary for FY 1991 and FY 1992.

## Part D - Training Personnel for the Education of the Handicapped

## Section 631 - Grants for Personnel Training

### Personnel Shortages

- Issue: Current data indicate there is an alarming personnel shortage in special education. Many teachers are not certified nor trained for the students with whom they work. Related services personnel are often likewise not prepared to work with the EHA populations. Regular educators have no understanding of the special needs of students in the classrooms. A number of approaches must be taken to reverse this situation. The current use of section 631 is for pre-service training activities. The use of these funds for in-service training also should be encouraged.

Recommended change in current law:

Section 631. (a)(1) The Secretary may make grants, which may include scholarships with necessary stipends and allowances to institutions of higher education (including the university-affiliated facilities program under the Rehabilitation Act of 1973 and the satellite network of developmental disabilities programs) and other appropriate nonprofit agencies to assist them in inservice and preservice training of special and regular education personnel for careers in special education, related services, and early intervention, including...

Accompanying Report Language:

It is the Committee's intention that in-service training conducted through grants to institutions of higher education under Section 631(a)(1) be significantly enhanced. Federal assistance for these activities could be secured through existing annual discretionary accounts, funds which become available upon the expiration of current training contracts and a portion of any new resources obligated for Part D. This inservice personnel preparation should be in addition to training supported under the current special projects authority and the grants to state educational agencies authorized by Section 632. Moreover, the Office of Special Education Programs must involve a broad array of consumer and professional and other appropriate organizations in establishing annual training priorities.

### Assistive Technology Personnel

- Issue: In-service training is needed to meet the current demand for information, evaluation and delivery of assistive technology in educational settings. Although the expertise and

Part D

resources exist to develop such training programs, they have not been utilized on a consistent basis. Developing training programs in this area will help address the critical shortage of qualified personnel that poses a major barrier to service delivery.

Recommended change in current law:

Section 631.(a)(1)(A) special education teaching, including speech-language pathology and audiology, adaptive physical education and assistive technology service.

Personnel Preparation Research

- Issue: In recommending expansion of the personnel training programs, it is strongly felt that more emphasis must also be placed on research projects to determine effective models of training. Teaching methodology, measures of quality and accountability of training funds are three areas that should be emphasized in training research.

Recommended change in current law:

Section 631.(a)(1)(D): To the current language add: ...,including effective in-service and preservice personnel training methodologies, measures of quality service delivery outcomes and accountability.

Training for Specific Populations

- Issue: Emphasis should be placed in this section on the shortage of personnel trained to work with specific disabilities. Many special education professionals today are working with students with disabilities about which they have no special training or understanding. This results in custodial care rather than productive educational time for the students.

Recommended change in current law:

Section 631.(a)(1) Add the following subsection:

(F) programs for the training of teachers, related services personnel, and paraprofessionals to meet the unique academic and other needs of children with specific disabilities.

Low Incidence Personnel

- Issue: While there is a serious shortage of special education personnel, this shortage is most evident among personnel trained to work with low incidence populations. Particular emphasis should be placed on the training of these professionals.

Recommended changes in current law:

Section 631.(a)(2): In making grants under paragraph (1), the Secretary shall base the determination of such grants on information relating to the present and projected need for the personnel to be trained based on the identified State, regional, or national shortages, and the capacity of the institution or agency to train qualified personnel, and other information considered appropriate by the Secretary. In awarding grants under this section, the Secretary shall give priority to projects which in whole or in part focus on improving the provision of special education and related services resources to children and youth with serious emotional disturbances, multiple handicaps, severe intellectual disabilities, traumatic brain injury, autism, or sensory and communications difficulties.

Section 631.(a)(4): The Secretary in carrying out paragraph (1) shall reserve a sum not to exceed 5% of the amount available for paragraph (1) in each fiscal year for contracts to prepare personnel in areas where shortages exist when a response to that need has not been adequately addressed by the grant process. Priority on these funds shall be placed on training programs for personnel who work with students with low incidence populations.

Interdisciplinary Training

- Issue: The increasing number of children with multiple handicaps and severe developmental disabilities in our nation's educational system, requires that more sophisticated interdisciplinary training be provided to special and regular educators. Similarly, related services personnel must be trained to provide services in the regular school setting.

Recommended changes in current law:

To the current section 631(a) add the following new subsection:

Section 631.(a)(5): In making grants under paragraph (a)(1)(A), the Secretary may determine that a portion of training supported through such grants be conducted on an interdisciplinary basis, and shall be designed to assist special educators in properly coordinating service provision with related services personnel. Training programs funded under (1)(B) and (1)(E) shall require practica to demonstrate the delivery of related services in an array of regular and special education and functional community settings.

Part D

Personnel Working with Infants and Toddlers

- Issue: There is a severe shortage of personnel available to meet the projected early childhood personnel demand of serving as many as 100,000 infants and toddlers with developmental disabilities.

Recommended Report Language:

Section 631.(a)(1): The Committee is increasingly concerned about the size of the population to be served under Part H and the lack of trained personnel available to meet their service needs. Specifically, the Department of Education has recently estimated that 100,000 infant and preschoolers with disabilities will be served by the early intervention program authorized under Part H in its first year of full implementation. At the same time, a survey of the 50 states completed in 1987 reveals a severe shortage of trained personnel in almost every critical allied health discipline available to provide needed early intervention services resources to children between birth and three years of age. In view of the threat this situation poses to the effective implementation of Part H, the Committee expects that Part D training funds will be obligated in a fashion designed to meet this challenge.

Personnel for All Ages, Regular Educators, Assistive Technology

- Issues: (1) There is language in the current law that targets special project money to secondary school students. It should be made clear that preservice training should be available for educators of ALL students with handicaps, and should not be limited to secondary school students. Reference specifically to secondary school students is thus deleted from the training authority. (2) There is now very little coordination between regular education and special education. It is recommended that coordination techniques be included in both preservice and inservice training. (3) The reference to new technology in current law should be changed to focus instead on assistive technology, in general. There are large gaps in personnel training on current best practice; the emphasis should be placed on all, rather than new, technology.

Recommended changes in current law:

Section 631.(b): The Secretary may make grants to institutions of higher education and other appropriate nonprofit agencies to conduct special projects to develop and demonstrate new approaches (including the application of assistive technology) for the preservice training purposes set forth in subsection (a), for regular education, for the training of teachers to work in community and school settings with handicapped secondary school students, and for the inservice training of special education personnel, including classroom aides, related services personnel, and regular education personnel who serve handicapped children and personnel providing early intervention services. Both preservice and inservice training shall include a component which addresses the coordination among all service providers, including regular educators.

- Issue: See Related Services document, page 5.

## Section 632 - Grants to State Educational Agencies and Institutions for Traineeships

Coordination Between Training and Research

o Issue: Coordination should be encouraged wherever possible between the need for increased training programs to address the shortages of trained personnel and EHA discretionary programs.

Recommended changes in current law:

Section 632. Add: Coordination should occur between the in-service training programs and any federally funded EHA discretionary projects within the state, with the federally funded projects used as training sites or technical assistance sites when appropriate. In-service training should always include a strong component on state-of-the-art techniques and technology guaranteeing teaching and related service personnel up-to-date information on best practices in the field.

- Issue: See Related Services document, page 6.

## Section 633 - Clearinghouses

NOTE: To accommodate the need for increased personnel training, parent training center and clearinghouse activities, it is suggested that the Committee significantly increase the authorizations in this section.

Expansion of Capacity

- Issue: OSEP discretionary programs are very successful in expanding the capacity for more effective educational services for students with disabilities. Through these programs, the state of the art is constantly improving. Unfortunately, the new information is usually not readily disseminated, meaning that the improvements don't often make it down to the local level. The system of clearinghouses is the best means of information sharing. However, the clearinghouses are limited in their capacity by funding ceilings. CCD feels that these ceilings should be increased to allow the clearinghouses to be more responsive to the need for wide information dissemination.

Recommended change in current law:

Section 633. Accompany in Report Language: The Committee sees the clearinghouses funded under Section 633 as the means of

Part D

disseminating information on quality, state-of-the-art practices, especially those created through projects funded by Parts C through G. There are major gaps in the current system of information dissemination. These gaps prevent widespread information sharing in the field and, consequently, far fewer systems improvements than would be expected from discretionary spending. In increasing funding to the clearinghouses from this Act, the Committee intends for the clearinghouses to expand their capacity and close the information gap.

- Issue: See Related Services document, page 11.

Advocacy Services

Issue:

Educational services are to be provided under the law to many populations of children who are presently reported to be either underserved or "misserved" due to a variety of reasons. These include administrative convenience, segregated settings, and labels attached to children, to name just a few. Private attorneys now able to collect attorneys' fees, only provide limited access to some individuals in these populations. The risk-taking involved again limits availability of private attorneys working on a pro bono basis. The recommendation is to provide advocacy services to all EHA eligible children. This assures unserved populations of EHA eligible children the advocacy services needed to insure that educational services mandated under EHA will be provided fully and appropriately. Additional resources are also needed to provide legal support and technical assistance to advocacy systems in the states which advocate for the rights of families and individuals with disabilities under EHA.

Recommended change in current law:

To the current Sec. 631 add the following new section:

Sec. 631. (d): The Secretary shall establish a program of advocacy services for families of and children with disabilities eligible for services under the Act which will have the authority to provide legal, administrative and other appropriate remedies. The program shall work in cooperation with the parent training centers funded under the Act and other advocacy programs that provide assistance to parents. The program shall be established in every state and territory on a formula grant basis to be determined by the Secretary. Each state or territory shall receive a minimum allotment to assure the existence of a viable program. The entity which receives the funds must assure the Secretary that the program is independent of any service provider in the state. The Secretary shall provide for funds not spent in a state or territory to be reallocated to those programs which indicate they need additional funds within the current fiscal year. The programs shall assure that they place a priority on serving children with disabilities who are members of minority groups, who live in rural areas, who have disabilities traditionally underserved under the Act, and who do not have access to other advocacy services. The Secretary may not use more than 2 percent of the appropriation to provide technical assistance to the program.

Authorization levels:

| | |
|---|---|
| 1990 | $8 million |
| 1991 | $10 million |
| 1992 | $12 million |

## Part E - Research in the Education of the Handicapped

## Section 641 - Research and Demonstration Projects in Education of Handicapped Children

Priorities: Underserved Students/LRE

• Issue: There are children whose needs are not being met under PL 94-142. For the most part these are children with multiple-handicaps, children with severe intellectual disabilities, children with serious emotional disturbance, children with autism, children with traumatic brain injury, and children with sensory and communication difficulties, particularly those with other disabilities also. Priority should be placed on the use of these funds for research and demonstrations projects involving services to such children who are unserved or underserved by this Act. Priority should also be placed on studies of LRE placements.

Recommended change in current law:

Section 641.(a) ...Research and related activities shall be designed to increase knowledge and understanding of handicapping conditions, teaching, learning and education related developmental practices and services for handicapped infants, toddlers, children and youth. In awarding grants under this section, the Secretary shall give priority to projects which in whole or in part focus on improving the provision of special education and related services to children and youth with multiple handicaps, children with severe intellectual disabilities, children with serious emotional disturbance, children with autism, children with traumatic brain injury, and children with sensory and communication difficulties; priority shall also be placed on LRE placements.

Research and Demonstration for Training

• Issue: There is a serious shortage of personnel trained to handle specific disability areas. Funding from this section should be used to develop research and demonstration projects to address this shortage.

Recommended change in current law:

Section 641.(a) To the six activities listed add:

(7) The expansion and development of programs for the training of teachers, related services personnel, and paraprofessionals to meet the unique academic and other needs of children with specific disabilities.

Part E

Educational supports:

• Issue: Research and best practice data strongly indicate that students with even the most severe disabilities meet with more success in a regular school setting. Appropriate supplementary aids and services in the regular setting are crucial to these successes. There is a clear statement in Part B that students who can remain in the regular classroom with such supports are not to be placed out of the regular setting. Research and demonstration funds should be directed toward a clearer understanding of supplementary aids and services and ways in which they are able to enable students to remain with their nondisabled peers.

Recommended change in current law:

Section 641.(a) To listing of activities, add:

(8) The development of program models and exemplary practices in the use of supplementary aids and services to enable students to remain in the regular school setting.

Accompanying Report Language: Section 641:

It is the intent of Congress that with this authority the Department will develop research and demonstration and training projects that will foster systems of service delivery with an array of educational supports available in the regular classroom. Such activities would include but not be limited to:

(1) Case studies of schools and classrooms in which educational supports are fostering integration for students with severe disabilities and children who test HIV positive.
(2) Research on methodologies, organization practices, and funding used to foster integration through educational supports.
(3) Research on the organization practices that foster a system of educational supports.
(4) Case studies that are converting or have converted separate systems to integration, focusing on the supports put into place in the classrooms.
(5) Leadership training institutes for regular school administrators, educators, and parents.
(6) Dissemination of information about school districts fostering educational supports as a means of integration such as information on individuals involved in such programs, information

on systems practices (i.e. funding practices, consulting services, training and leadership development, state monitoring practices, conversion activities, etc).
(7) Research on parent participation and family impact (both typical and special).

Coordination Between Personnel Shortage and Discretionary Grants

- Issue: There is little coordination between the serious shortage of trained personnel and the large number of discretionary grants that are awarded each year. Where appropriate the Secretary should be given the authority to place a priority on grants that can also be utilized as a training site within the state.

Recommended change in current law:

Section 641. Add the following new subsection:

(f) In awarding grants under this section the Secretary is authorized to place special emphasis on proposals that include personnel training and coordination with the state in-service training network(s) as part of the planned activities for the funding.

- Issue: See Related Services document, page 6.

Part F - Instructional Media for the Handicapped

- Issue: See Related Services document, page 10

## PART G TECHNOLOGY, EDUCATIONAL MEDIA, AND MATERIALS FOR THE HANDICAPPED

Issue: Assistive technology is still in the early stages of development and has not been fully utilized in the education of students with disabilities. There is a lack of understanding of the range of assistive devices - both "high technology" and "low technology" - currently available, and of the potential for these devices to provide access to a free and appropriate education. There is also a growing demand from school administrators, special education and related services personnel, students and families for information on available assistive technology devices, model service delivery programs and exemplary practices.

The Task Force is studying gaps in the provision of assistive technology devices and services in programs funded under EHA. There is a critical need for programs that promote the application of existing assistive technology, address current barriers that impede the delivery of assistive technology services, and identify methods for evaluating the effectiveness of assistive technology devices and services in providing educational benefits to students with disabilities.

Recommended Change in Current Law:

Sec. 661. The Secretary may make grants or enter into contracts or cooperative agreements with institutions of higher education, State and local educational agencies, community based organizations or other appropriate agencies and organizations for the purpose of advancing the use of (delete "new") assistive technology, media and materials in the education of handicapped students and the provision of early intervention to handicapped infants and toddlers. In carrying out this subsection, the Secretary may fund projects or centers for the purposes of --
1) determining how assistive technology, media and materials are being used in the education of the handicapped and how they can be used more effectively;

2) designing and adapting (delete "new") assistive technology, media and materials to improve the education of handicapped students,

3) assisting the public and private sectors in the development and marketing of (delete "new") assistive technology, media and materials for the education of the handicapped, and

4) disseminating information on the availability and use of (delete "new") assistive technology, media and materials for the education of the handicapped.

Accompanying report language: There should be clarification as to the range of activities that could be supported under Part G, including a focus on service delivery and utilization of existing assistive technology. ("Assistive technology" is intended as a broad term that includes "technology" as currently used in this section.)

Issue: See Related Services Document, page 7

## Part H - Handicapped Infants and Toddlers

### Parental Consent and Freedom of Choice

• **Issue:** Parents and guardians should have a position of equality with professionals in determining what services are provided to the child and family.

Recommended change in current law:

Section 6.(d) To the current language add a new subsection:

(8) evidence of the consent of the parents or guardian to the provision of the services outlined in the plan.

• **Issue:** Clarification of the law is needed to ensure that the Part H program informs parental decision-making and makes options available for the child, but does not impose decisions on parents or guardians unless warranted under state child protection rules.

Recommended change in current law:

Section 680. Add the following new subsections:

(7) The right, subject only to the qualifications set forth in subparagraph (8) below, of the parents or guardian to refuse any form of assessment or any particular service recommended for the handicapped infant or toddler or the family. In the event any form of assessment is refused, all other appropriate assessments not in dispute shall be conducted. In the event any particular service is refused, all other appropriate services not in dispute shall be provided.

(8) The refusal by the parents or guardian of a recommended assessment or service may be overridden if such refusal constitutes child abuse or child neglect under state law. In such circumstances, existing judicial procedures may be employed to override the parent's or guardian's refusal and to provide substitute consent to the recommended assessment or service. The administrative processes established pursuant to subparagraph (1) shall not be used either to override a parent's' or guardian's refusal or to provide substitute consent.

### Family Assessment

• **Issue:** As written, the law can be interpreted to require that families must receive a multidisciplinary assessment, potentially an intrusive, inappropriate procedure, rather than a statement of family strengths and needs related to enhancing the child's development. This is a major concern of parents' groups around the country. Amendments are needed to prevent inappropriate intrusion into family privacy.

Recommended change in current law:

Section 676.(b)(3) a timely comprehensive, multidisciplinary evaluation of the functioning of each handicapped infant or toddler in the state and identification of the strengths and needs of the families to appropriately assist in the development of the handicapped infant or toddler.

Section 677.(a)(1) a multidisciplinary assessment of the child's unique needs and identification of the family's strengths and needs relating to enhancing the development of the child, and the identification of services appropriate to meet the needs of the child and family.

## Right to Examine and Correct Records

- Issue: The statute does not adequately define parents' and guardians' rights in regard to maintenance of and access to records in this interagency program. FERPA rules provide appropriate rights and procedures for access to and correction of education records. States should have to provide at least an equivalent set of rights and procedures for all Part H records.

Recommended change to current law:

Section 680.(3) The opportunity for parents and a guardian to examine and correct records relating to assessment, screening, eligibility determinations, and the development and implementation of the individualized family service plan. The parents or guardian shall have at least the same opportunity to examine and correct records as is provided under 20 USC 1232(g) with respect to "education records."

## Administration Resolution of Complaints

- Issue: Part H does not adequately safeguard parents' and guardians' due process rights. If states adopt minimal administrative procedures as allowed under the current law, parents will have little choice but to turn more quickly to the courts to resolve grievances.

Recommended change in current law:

Section 680.(1) The timely administrative resolution of complaints by parents, conducted according to the procedures set forth in 20 USC 1415 and its implementing regulations. (Delete remainder of current 680.(1)

### Interagency Coordinating Council Membership

- **Issue:** Current law requires that the State Interagency Coordinating Council must be composed of 15 members. This limit on membership prevents some states from having an ICC that adequately represents the families, agencies and service providers involved in early intervention in the state. A balance between the various agencies represented and the agencies, providers and families insures that no one group is over-represented. In the states where a larger number is necessary, a waiver from the limitation of 15 is needed.

Recommended change in current law:

Section 682.(a)(1) Any State which desires to receive financial assistance under section 673 shall establish a State Interagency Coordinating Council composed of 15 members. A state may apply for a waiver from the Secretary if a larger number is appropriate to effect a council membership balanced between parents, public or private providers and agencies.

Section 682.(b)(1) at least 20% parents ...

Section 682.(b)(2) at least 20% public or private providers of early intervention services...

Department of Defense

- Issue: It has been reported that families served under the Department of Defense Dependent Schools (DODDS) are denied services under P.L. 99-457 and the Handicapped Children's Protection Act (HCPA). Section 6 schools (providing services in Southern United States and Puerto Rico and run by the Department of Defense on military installations) have also reportedly denied services to military families under P.L. 99-457 and HCPA, as well as due process procedures under P.L. 94-142. Both military school service systems report Individualized Education Programs (IEPs) based on available services only (not according to individual needs); related services provided for by the military branch (not DODDS); and school board members including military post commanders posing a conflict of interest.

Recommendations:

Military families living overseas served under the Department of Defense Dependent Schools (DODDS) with children with disabilities, must be included under the service provision mandates and due process protections of P.L. 99-457 and the Handicapped Children's Protection Act (HCPA).

The DODDS must:

1. provide IEP services based on individual needs consistent with the mandates of P.L. 94-142 and P.L. 99-457;
2. provide all required related services via the DODDS system of related service providers;
3. require that school board members be independent of the military system in which military families work.

Military families living in the United States and Puerto Rico whose children with disabilities attend Section 6 schools, must be included in the service provision mandates and due process protections of P.L. 94-142, P.L. 99-457 and HCPA.

Section 6 schools must:

1. Provide IEP services based on individual needs consistent with the mandates of P.L. 94-142 and P.L. 99-457;
2. provide all required related services via the DODDS system of related service providers;
3. require that school board members be independent of the military system in which military families work.

## RELATED SERVICES

In general, the Education of the Handicapped Act (EHA) has increased the special education services to handicapped children. However, the related services needs of children and youth often are not being met. There is a need to focus on the related services to assure that all handicapped children, youth and their families that needs related services receive related services.

Handicapped children and youth often to not have access to related services programs. If provided at all, the related services primarily focus on assessment, not service. For example, in the recent Congressionally mandated cost study entitled, Patterns in Special Education Service Delivery and Cost (in press), less than 40% of the school systems surveyed provided either psychological or social-work service programs. Health services and physical therapy service programs were also missing in nearly 50% of school systems. Without these services children may be placed in more restrictive environments than are necessary. Services in these more restrictive environments are often expensive.

The lack of related services programs is reflected in the areas most often mentioned as not meeting the needs of children and youth. These include the following:
1--underserved populations, e.g., seriously emotionally disturbed, multiply handicapped, and culturally diverse populations
--least restrictive environment violations,
--lack of cultural sensitivity to bilingual and other ethnic and culturally diverse populations, and
--ongoing stigmatization of handicapped students, which leads to such behaviors as dropping out of school.

For example, the drop-out rate of handicapped students has led Congress to require that drop-out rates of handicapped students be monitored and reported annually. The Tenth Annual Report to Congress on the Implementation of The Education of the Handicapped Act (1988) devotes a whole section to the drop-out problems of handicapped students. A major aspect of this problem is that these children do not receive sufficient related services, including counseling, psychological and social work services.

As a consequence of not having psychological services programs, children with emotional aspects to their disabilities are often not getting appropriate related services. According to the Congressional Office of Technology Assessment's report entitled Children's Mental Health: Problems and Services (1986), many children with mental health problems are not being served. For those with severe problems, many are not getting appropriate services, and when the problems become overwhelming the children and youth are often taken from their homes and put into a more restrictive environment.

When focusing on emotional disorders it is important not only to serve the most seriously emotionally disturbed but also to identify problems early. Related services, especially school psychological services, can assist in this process by serving as an interface between regular education and special education.

Two types of changes are recommended to enhance the related services component of the Education of the Handicapped Act. The first type of changes are technical amendments that focus on reviewing whether related services are a part of each section of the Act. The second type of recommended change focuses on emphasizing and enhancing related services to better meet the needs of handicapped children, youth and their families.

Part I that follows delineates the recommendations for technical amendments that recognize that related services are an integral part of the Education of the Handicapped Act. Part II suggests changes and foci needed to assure that children, youth and families receive appropriate related services.

## Part I

## Related Services Technical Amendments

The recommendations in this section are proposed as technical amendments to the Education of the Handicapped Act so that the Act will better reflect the following primary purpose:

> "...a free appropriate public education which emphasizes special education and related services designed to meet their unique needs...."

The recommendations focus on the inclusion of the term "related services" whenever "special education" is mentioned and adding the phrase "special education and related services" where this may not be clear.

When this type of technical review and update was last done in the 1983 reauthorization of EHA, related services did improve. However, new sections have been added and some sections were missed, so these comments attempt to correct this so that handicapped students will receive the related services they need.

The following sections are organized sequentially by Part and Section.

## Part C - CENTERS AND SERVICES TO MEET SPECIAL NEEDS OF THE HANDICAPPED

### Section 621. Regional Resource and Federal Centers

Issue:

Since the Regional Resource and Federal Centers provide technical assistance to the states, it needs to be clear that this technical assistance includes technical assistance about the related services.

Recommended Change in Current Law:

> Sec. 621. (a) The Secretary may make grants to, or enter into contracts or cooperative agreements with, institutions of higher education, public agencies, private nonprofit organizations, State educational agencies, or combinations of such agencies or institutions (which combinations may include one or more local educational agencies) within particular regions of the United States, to pay all or part of the cost of the establishment and operation of regional resource centers that focus on special education and related services. Each regional resource center shall provide consultation, technical assistance, and training to State educational agencies and to other appropriate State agencies providing related services and early intervention services.

Accompanying Report Language:

Related services need to be specifically identified as part of the technical assistance and training responsibilities of the Regional Resource and Federal Centers. These services are particularly important to the underserved, especially the multiply handicapped, the seriously emotionally disturbed and the culturally diverse populations.

Also, there needs to be a recognition that Regional Resource and Federal Centers may need to deal with agencies besides the State education agency, because just as early intervention services may come from other State agencies, so might related services, e.g., pupil services and mental health services.

## Section 624. Programs for Severely Handicapped Children

Issue:

The purpose of the programs in this section is not clearly delineated. To clarify this the phrase "special education and related services " needs to be added.

Recommended Change in Current Law:

> Sec. 624. (a) The Secretary may make grants to, or enter into contracts or cooperative agreements with, such special education and related services organizations or institutions as are determined by the Secretary to be appropriate to address the needs of severely handicapped children and youth, for
>
> (1) research to identify and meet the full range of special education and related services needs of handicapped children and youth,
>
> (2) the development or demonstration of new, improvements in existing, methods, approaches, or techniques which would contribute to the adjustment and education of such handicapped children and youth,
>
> (3) training of special education and related services personnel for programs specifically designed for such children, and
>
> (4) dissemination of materials and information about special education and related services practices found effective in working with such children and youth.

Accompanying Report Language:

The severely handicapped population is presently often served in an environment more restrictive than is dictated by the student's needs. Improving the knowledge base and skills of those who could work with these children would facilitate the delivery of special education and related services in the least restrictive environment.

## Section 625. Postsecondary Education

## Section 626. Secondary Education and Transitional Services for Handicapped Youth

Issue:

Related services are crucial in the transition phase and at the postsecondary level for handicapped youth. In several parts of these sections mention of the related services is omitted.

Recommended Change in Current Law:

> Sec. 626 (a)(9) developing special education curriculum, instructional techniques and related services programs that will improve handicapped students' acquisition of the skills necessary for transition to adult life and services, and....

Accompanying Report Language:

The Tenth Annual Repor to Congress on the Implementation of the Education of the Handicapped Act (1988) speaks to the dropout rate of handicapped students. Related services are particularly important in meeting the needs of this group, especially through psychological, rehabilitative and counseling services.

## Part D--TRAINING PERSONNEL FOR THE EDUCATION OF THE HANDICAPPED

### Section 631. Grants for Personnel Training

Issue:

Major personnel shortages are predicted for related services personnel as well as for special education personnel. At present this introductory paragraph to this section mentions only special education training, not related services training.

Recommended Change in Current Law:

> Sec. 631. (a)(1) The Secretary may make grants, which may include scholarships with necessary stipends and allowances, to institutions of higher education (including the university-affiliated facilities program under the Rehabilitation Act of 1973 and the satellite network of the developmental disabilities program) and other appropriate nonprofit agencies to assist them in training personnel for careers in special education. and related services and early intervention, including--....
>
> (2)(A) In making grants under paragraph (1) the Secretary shall base the determination of such grants on information relating to the present and projected need

for the personnel to be trained based on identified State, regional, or national shortages, and the capacity of the institution or agency to train qualified special education and related services personnel, and other information considered appropriate by the Secretary.

Accompanying Report Language:

Related services personnel have been included in programs funded under EHA. However, the language in the law needs to be specific in that the funding is for special education and related services.

### Section 632. Grants to State Educational Agencies and Institutions for Traineeships

Issue:
As in Section 631, there is a need to recognize that the law covers both related services and special education personnel.

Recommended Change in Current Law:

> Sec. 632. The Secretary shall make grants to each State educational agency and may make grants to institutions of higher education to assist in establishing and maintaining preservice and inservice programs to prepare special education and related services personnel to meet the needs of handicapped infants, toddlers children, and youth or supervisors of such persons, consistent with the personnel needs identified in the State's comprehensive system of personnel....

Accompanying Report Language:

The inclusion of both types of personnel--special education and related services--should clarify what proposed programs should specifically be used for, i.e., special education and related services.

## Part E--RESEARCH IN THE EDUCATION OF THE HANDICAPPED

### Section 641. Research and Demonstration Projects in Education of Handicapped Children

Issue:

The focus of research and demonstration projects on the related services needs to continue to be emphasized.

Recommended Change in Current Law:

Sec. 641. (a)(4) The development of program models and exemplary practices in areas of special education, related services, and early intervention.

(5) The dissemination of special education and related services information on research and related activities conducted under this part to regional resource centers and interested individuals and organizations.

(6) The development of instruments, including tests, inventories, and scales for measuring progress of handicapped infants, toddlers, children and youth across a number of developmental domains.

(b) In carrying out subsection (a), the Secretary shall consider the special education, related services or early intervention experience of applicants under such subsection.

Accompanying Report Language:

There are a number of research questions regarding the related services, including demonstrating the variety of service models that are feasible with seriously emotionally disturbed children, and the impact of related services personnel, such as school psychologists, in the prereferral phase when they are involved in assisting on such questions as development, learning and cultural issues.

## Part G--TECHNOLOGY, EDUCATIONAL MEDIA, AND MATERIALS FOR THE HANDICAPPED

### Section 661. Financial Assistance

Issue:

The related services were not mentioned consistently in this section.

Changes in Current Law:

Sec. 661. The Secretary may make grants to enter into contracts or cooperative agreements with institutions of higher education, State and local educational agencies, or other appropriate agencies and organizations for the purpose of advancing the use of new technology, media, and materials in the education of handicapped students and the provision of related services and early intervention to handicapped infant and toddlers.

Accompanying Report Language:

There is a need to specifically identify related services in the media section so that media can be developed to assist in education and training process.

## Part II

## Emphasizing and Enhancing Related Services

This section outlines several ways to enhance services to underserved populations and to provide an equal focus on the related services.

### Related Services

Issue:

From the beginning of this Act, the related services needs of children, youth and families have not been met. There are only a few states that could identify even one person who has specific responsibility for the related services.

In developing the language the following issues need to be taken into account.

FINDINGS. The related services needs of children, youth, and their families are being affected by the following:

(1) A significant number of multiply handicapped and seriously emotionally disturbed are being served in restrictive educational programs;
(2) The related services needs of seriously emotionally disturbed children, youth and their families are not being fully met;
(3) There are many handicapped children and youth in other special education programs whose program is inadequate because there is a lack of related services available in these programs;
(4) There is a lack of coordination between the related services, regular education and special education;
(5) There is lack of coordination between the schools and other agencies that provide related services for handicapped students.

(6) Some cultural and ethnic minorities have been over-presented in the most restrictive educational placements if emotional or behavioral factors are involved.

**POLICY.** Policy that is developed should assist States to assist local education agencies in improving the related services aspect of the services to handicapped children, youth and their families. The purpose of putting the policy in law would be to require the Office of Special Education Programs and the Regional Resource and Federal Centers to assist states to do the following:

(1) to develop and support with each State education agency a statewide, comprehensive, coordinated, multidisciplinary system which ensures the delivery of related services, as well as special education services, within local education agencies for handicapped children, youth and their families;

(2) to enhance each State's capacity to provide quality related services and to expand and improve school based related services being provided to handicapped children, youth, and their families;

(3) to initiate and maintain interagency cooperative relationships between the educational agencies and mental health, health, mental retardation, juvenile justice, social service, rehabilitation and other agencies that provide services to handicapped children, youth, and their families; and

(4) to gather data about the number of related services personnel serving handicapped children, the need for personnel in the future and the need for education and training. The results shall be analyzed and submitted to the appropriate committees of each House of Congress together with the annual report under section 618. The results shall also be disseminated to the public and the professional communities.

**DEFINITIONS.** The listing of related services in the present law and in the regulations does not reflect current related services, including school social work services, and assistive devices and services.present regulations regarding related services are dated and confuses services with service providers

Recommended Change in Current Law:

This recommendation necessitates that more detailed legislative language be developed.

Accompanying Report Language:

After twelve years of having the Education of Handicapped Children Act (P.L. 94-142) there are still children not receiving appropriate related services in the least restrictive environment. To correct this problem, states will be assisted in developing related services systems so that the related services needs of children, youth and their families can be better met.

## Part D--TRAINING PERSONNEL FOR THE EDUCATION OF THE HANDICAPPED

### Section 633. Clearinghouses

Issue:

At present, the clearinghouses do not have adequate information or staff to provide answers to the range of related services questions that they are asked each day.

Recommended Change in Current Law:

Specific language will need to be developed.

Accompanying Report Language:

The related services questions continue to be the most vexing. There is a need for a focus on related services within each of the clearinghouses. The related services focus should include identifying related services issues, developing materials, disseminating information and providing technical assistance. To date the staff of the present clearinghouses have not been prepared to answer related services questions. According to the National Information Center for Children and Youth with Handicaps (NICHY) a large percentage of their letters and calls relate to the related services, including a number of issues related to assessment issues. NICHY is just now beginning to put together systematic information about the related services.

The proposed focus on related services would fill this gap in services to parents, advocates and professionals who want and have the right to information and assistance regarding the related services. For example, questions regarding the assessment and identification of handicapping conditions are often at the root of asking for a fair hearing.

## Part F--INSTRUCTIONAL MEDIA FOR THE HANDICAPPED

### Section 651. Purpose

Issue:

Instructional media about related services including transportation, counseling, and health services are not presently specified in the Education of the Handicapped law.

Recommended Change in Current Law:

Sec. 651(a)(1)(D) providing through these films an understanding of the related services training and programs.

Accompanying Report Language:

Instructional media could be used to assist parents and professionals in better understanding related services. Media could be used to focus on the role and function of related services personnel as well as describing for professionals what a related services program would contain, e.g., what the range and function of school psychology program is that goes beyond assessment to service.

**Part F Instructional Media for the Handicapped**
**Sec 652 Captioned Films and Educational Media for Handicapped Persons**

**Issue: Video Description Services for the Blind**

The addition of this language will clarify the Secretary's authority to support video description services which, like closed captioning for the hearing-impaired, provides to blind and visually impaired persons the missing information necessary for full enjoyment of television and cinema.

Recommended Changes in Current Law
[additions]

Section 652 CAPTIONED FILMS[, DESCRIPTIVE VIDEO,] AND EDUCATIONAL MEDIA FOR HANDICAPPED PERSONS

(3) provide, by grant or contract, for the captioning [for the hearing-impaired or video description for the visually-impaired] of films [and video materials].

(4) provide, by grant or contract, for the distribution of captioned [or video described] films[, video materials] and other educational media and equipment through State schools for the handicapped, public libraries, and such other agencies [or entities] as the Secretary may deem appropriate to serve as local or regional centers for such distribution.

Senator **Harkin**. Thank you, and your whole statement will be inserted in the record.

I believe I have covered all of the issues that I wanted to cover. I would be interested in any suggestions you might have on how we might get more people involved, with incentives for education or whatever suggestions you might have in that area, I would like to know more about that.

Dr. **Carriker**. We will make that available.

Senator **Harkin**. Thank you all very much for being here today.

Our third and final panel dealing with discretionary programs to enhance the education of some children with handicaps currently not being well-served: Frank Bowe, of Hofstra University; Dr. Steven Forness, UCLA Neuropsychiatric Institute; and Dr. Judith Palfrey, Chief, Division of Ambulatory Pediatrics, Children's Hospital, Boston, MA.

Dr. Palfrey, I just wanted you to know that Senator Kennedy—in fact, I saw him just three days ago—wanted me to extend his regrets at not being able to be here today. He is on his way back today, but he could not be back before the hearing ended today, so he just wanted to extend his welcome and his regrets, and he has submitted a statement for the record.

Dr. **Palfrey**. Thank you.

[The prepared opening statement of Senator Kennedy follows:]

## PREPARED OPENING STATEMENT OF SENATOR KENNEDY

Senator **Kennedy**. Mr. Chairman, the 101st Congress is charged with an important task in 1989—to reauthorize for 3 years the discretionary programs under Public Law 94-142, the Education For All Handicapped Children Act. this hearing today will begin the important process of carrying out this task and ensuring that the valuable services provided through the discretionary programs will continue.

I regret that I am unable to attend this hearing, but I particularly want to commend the work of Dr. Judith Palfrey who is testifying today. Dr. Palfrey is the chief of ambulatory pediatrics at the Children's Hospital in Boston, and the director of the collaborative study of children with special needs, a multi-year progress report on Public Law 94-142. She is also the director of Project Serve, a program to enhance access to special education for children with disabilities or chronic illness. I am proud that Dr. Palfrey is a Massachusetts constituent and I look forward to her testimony.

I have long been a strong advocate of providing a free and appropriate public education for all children, regardless of their special needs. I know the important of these programs first hand, from my son's experience with his disability. The continuation of these discretionary programs is vital to providing needed services for handicapped children and youth across the country.

I would also like to express my support for making special education and related services available to all children beginning at birth. Early intervention has resulted in greater educational achievement of handicapped infants and young children. The sooner we can start teaching disadvantaged and disabled youngsters, the greater the chance of providing them with the necessary opportunities and skills to become independent adults.

I commend Chairman Harkin for holding this hearing and for his efforts on behalf of the handicapped. By reauthorizing existing programs that are serving needs well and by authorizing additional programs that focus on other vital needs, Congress reaffirms the right of all citizens to a free and appropriate public education.

Senator HARKIN. Dr. Frank Bowe is a professor at Hofstra University, was Chairman of the Commission on Education of the Deaf. He has testified before this subcommittee before.

I read your letter in The Post, and you had a challenge for me. In fact, I was thinking of writing you a letter, and my letter was only going to consist of two words: "Dear Mr. Bowe, I will," period. Thank you.

## STATEMENTS OF FRANK G. BOWE, PROFESSOR, SPECIAL EDUCATION AND REHABILITATION, HEMPSTEAD, NY; DR. STEVEN R. FORNESS, PROFESSOR AND INPATIENT SCHOOL PRINCIPAL, NEUROPSYCHIATRIC INSTITUTE AND HOSPITAL, UNIVERSITY OF CALIFORNIA, LOS ANGELES, CA; AND DR. JUDITH S. PALFREY, CHIEF, DIVISION OF AMBULATORY PEDIATRICS, CHILDREN'S HOSPITAL, BOSTON, MA

Mr. BOWE. Thank you, Mr. Chairman. I am very aware of the time, so I am going to be as brief as I can be.

The Commission, of course, reported to you one year ago, and I have been asked to summarize what has happened in that past year, what progress we have made and what we still have to do.

One of the first things that you did on the Hill was to implement our very first recommendation, which was the creation of a new Institute, and you have done that. We were very pleased to see that. That was outstanding leadership.

At this point, our principal concern is that they remember what their name is—they are the National Institute on Deafness and Other Communicative Disorders. I think they just need to be reminded that we did have a deafness focus for them, we had a very important mission for them to perform. And I would hope that you could remind them that we are very hopeful.

Senator HARKIN. Do not worry, I will.

Mr. BOWE. Thank you, Senator.

We made a number of recommendations on regional postsecondary programs for education of people who are deaf. Both you and the Department have responded very quickly to most of those recommendations, and we are very pleased with the progress.

The regional programs have accepted the expanded responsibilities that we proposed for them. They are doing more, but without any additional funding. So, they are already very, very tight on the financing. They are now exploring ways they can begin to serve lower-achieving deaf people, and I am very deeply concerned, and that is a concern shared by the members and the staff of the Commission, that we are asking them basically to do too much, that unless we can supplement their resources, we are stretching them much too thin.

I would very strongly recommend in this Act that the authority for appropriations be modified to reflect the new duties that they are accepting and performing.

The Commission made a number of recommendations on what the Department could do in program directives to better implement and enforce the Act. We attach importance to certain key words and for an effort to communicate much more clearly what is meant by things like "appropriate" or "unique needs" or "potential harmful effects," things like that that the Department has yet to define clearly.

It is my expectation that you will be working very closely with the Assistant Secretary-designate when that person is nominated—and we heard this morning that they do expect to do that this month—to find ways that that individual can communicate more clearly the intent and meaning of the Act.

I do know that you recognize how serious the issues are, and that you will do whatever you can with the new Assistant Secretary.

We did hear this morning from several people, including the representatives of the Department, a growing concern about the issue of quality. We do have to look now at excellence in special education. We need to find ways to stimulate that, and we as a Nation need to begin to send a message to the local school districts, the LEA's and the SEA's, saying that to the extent that you can provide high-quality, excellent services that go beyond the minimum required by this Act, by all means, do so. We need to encourage them to do so. I am just afraid too many of them have said, "The minimum is what we will do."

The Commission was very concerned about educational interpreting. The schools out there have been hiring signers who are barely able to keep up with conversation and have been paying them minimum wage, have been giving them all kinds of inappropriate assignments. We were very worried that this whole situation be addressed.

In the interest of time, I will focus now on something that is in the Education of the Handicapped Act, as amended, having to do with technology. The Commission looked at the whole question of television captioning and how that is currently performed. It is currently performed with a stand-alone, separate box that you are very familiar with, and that has not penetrated the market. So that the number of decoder-equipped homes remains far below expectation.

My Commission recommended a very simple solution to this problem, and that was the use of a computer chip that would be placed into television sets. I am very pleased that some recent research that has just been concluded reporting on March 15th that that chip has been designed, and if the Department would accelerate phase two of that research, that we could have the chip at-hand very shortly, and it would cost approximately $5.

I believe that with a captioning capability in the Nation's television sets, we are talking about a permanent support for captioning from the broadcasters and others who put out programming, because the market will be there. We are talking about innovative uses of captioning for literacy programs, for work with immigrants, for work with speakers of other languages, and I think this technology would just explode at the cost of just $5 in each TV set. We are very excited about the potential and greatly appreciate whatever you can do to bring this to fruition.

Mr. Chairman, again, it has been a genuine pleasure to chair that Commission, because the Senate and the House have acted so rapidly that about half of our recommendations are already in place, and that is a great pleasure because I feel a very great sense of accomplishment. But it was not me, it was people like yourself and people on the other side who carried this out.

So, I want to say thank you, and it has been a pleasure.

Thank you.

Senator **HARKIN**. Thank you, Frank.

[The prepared statement of Mr. Bowe follows:]

## PREPARED STATEMENT OF FRANK G. BOWE

Good morning. It is a genuine pleasure for me to testify today before this Subcommittee and its distinguished Chairman, Senator Tom Harkin of Iowa. I have been asked to comment on progress made in implementing the EHA-related recommendations made by the Commission on Education of the Deaf [COED] since its report, Toward Equality, was presented to this Subcommittee one year ago.

I am Frank Bowe, Professor, Special Education and Rehabilitation, Hofstra University, Hempstead, Long Island, New York. Hofstra is a 12,000-student university with strong schools of education, business and law. The entire campus has been completely accessible for people with disabilities since 1964. The University has a substantial number of undergraduate and graduate students with physical, sensory and learning disabilities, who receive a full range of support services including interpreters, readers, tutors, drivers, and personal care attendants. Hofstra has prepared certified rehabilitation counselors and special educators for more than 22 years.

In 1986-1988, at the request of the leadership of the Senate and the House, I served as Chairperson of the COED. It is in my capacity as chairman emeritus of that Commission that I will testify this morning. In preparing these remarks, I consulted the members and staff emeritus of the Commission, incorporating their comments. Much of the progress I will note is due to the leadership of the Chairman of this Subcommittee, and that fact makes this testimony a genuine pleasure.

Let me begin by noting that the Commission's report has been endorsed by virtually every major organization concerned with deafness, speech and hearing loss. At the National Conference on Deaf and Hard of Hearing People, held in El Paso, TX, in September, 1988, representatives of fifty organizations -- including the Alexander Graham Bell Association for the Deaf, the American Deafness and Rehabilitation Association, the American Society for Deaf Children, Gallaudet University, the National Association of the Deaf, the National Technical Institute for the Deaf, the Registry of Interpreters for the Deaf, Self Help for Hard of Hearing People, and Telecommunications for the Deaf Inc. -- endorsed Toward Equality. The professional associations of deafness educators and of speech and language therapists have also endorsed the report.

PROGRESS TO DATE

Of the Commission's 52 recommendations, 30 relate to the Education of the Handicapped Act, as amended. That 58% of our recommendations pertain to the way that Act is implemented reflects the Commission's grave concern that the state-of-the-art in deafness education is unsatisfactory.

Early Identification and Intervention

Issues. The Education of the Handicapped Act, as amended, authorizes "child find" and other efforts to screen high-risk children, diagnose handicaps, and provide early-intervention services for infants, toddlers, and pre-schoolers.

Recommendations. The Commission's Recommendations #1, #2, #3, #29, and #30 addressed these issues. In these five recommendations, the Commission urged intensified research, child-find and early-intervention.

Progress. The members of the COED are pleased that the Congress has implemented the Commission's first recommendation -- the creation of a National Institute on Deafness and Other Communication Disorders, in the National Institutes of Health. Although the Institute is very new, I am concerned that its leadership focus upon deafness-related issues more than it seems to have done to date. Childhood deafness is a developmental disability: the longer effective intervention is delayed, the more severe the handicaps. We urgently need basic research on how the human brain can acquire information visually as rapidly and as effectively as it does auditorially.

Our second, twenty-ninth and thirtieth recommendations urged the Departments of Education and of Health and Human Services to stimulate better early identification and intervention. We found that fewer than half the States have effective programs in this area, and that the average age at identification is 2.5 years. In other countries, the average is just 7-9 months. By the time a hearing child is two and one-half years old, he or she already has a working knowledge of language. The brain works in such a way that if linguistic input is not provided during the preschool years, the child never can recover. The Departments have responded by designing a pilot project in three States which, if I am not mistaken, will merely confirm what the Commission already has reported. I am not satisfied with this token effort.

With respect to COED Recommendation #3, the Department of Education has funded a conference and a research project on language acquisition by young deaf children. What we recommended, however, is a much larger-scale effort. Since the first American program for deaf children was established in 1817, educators have tried to teach English to their students. It has not worked, and I suspect it cannot work. The brain is not wired to respond to formal instruction in language; rather, it is primed to learn language. We do not know how to help deaf children learn English through their eyes as hearing children do through their ears. That is a threshold concern. Learning how to do it will provide a breakthrough in deafness education dwarfing anything we have seen in 172 years.

"Appropriate" and "Least Restrictive Environment" Issues. The Commission and the Department of Education were in 1988 in basic disagreement over the interpretation of PL 94-142 provisions governing "appropriate" education and "least restrictive environment". These issues dominated the thousands of pages of testimony and formal comment we received as did no other issues.

Recommendations. COED Recommendations #4, on appropriate education, and #5, on least restrictive environment, were among our most strongly stated and important recommendations. They were followed by seven others (COED #6, #7, #8, #9, #10, #12, #13, and #14) which spelled out the specifics of the direction in which we wanted the Department to move.

Progress. I hope and expect that the Department, under its new leadership, will prove more responsive to these critically important recommendations than was the previous Administration.

The Commission recommended that the Department clarify, and widely disseminate, interpretations of "appropriate" education. Such program directives are urgently needed, especially to show how "unique needs" help to shape the determination of what is "appropriate" for a child with a handicap. The Commission offered a point of departure in Toward Equality. The Department's only response to date has been to state that it believes it need do nothing different. The Commission very strongly disagreed with that.

COED Recommendations #5, #6 and #8 asked the Department to clarify the statutory and regulatory requirements for "least restrictive environment". The Department has stated, in a policy letter, that special schools, what Toward Equality refers to as "center schools", may in fact be the least restrictive environment for some children.[1] That policy letter has been buried under an avalanche of contrary rulings and advice from the Department, however, leading many state education agencies [SEAs] and local education agencies [LEAs] to conclude, as testimony before the Commission revealed, that indiscriminate dumping of deaf children into inadequate local programs was what the law and the regulations required. In the judgment of the Commission, that is tragically erroneous.

Placement issues were also addressed by COED Recommendations #6, #7 and #8. We said in Recommendation #6 that curriculum content is not always, as the Department says it is, an inappropriate criterion on which to base a placement decision. Deaf children possessing no useable language need specialized instruction in English; a program offering such intensive instruction may be a proper placement for such children. Similarly, blind children who have no functional orientation and mobility skills may need the specialized curriculum available in a special school. The Department has not acted to implement this recommendation.

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[1] "In some cases, separate environments have been recognized as the least restrictive for some individual children." Letter, Madeleine C. Will to David L. Holmes (Nov. 30, 1987).

In COED Recommendation #7, we said that "potential harmful effects" on the child or on the quality of services the child needs provide lawful exceptions to the statutory preference for education with children who are not handicapped. Again, program directives are needed to explain what this means.

COED Recommendation #6 cited widespread misinterpretation by SEAs and LEAs about regulatory requirements governing removal of handicapped children from regular classes. The Department of Education had said in 1985 that "compelling evidence" was needed before such removal could occur. It retracted that position in 1986, but many SEAs and LEAs continue to make decisions as if that standard -- which nowhere appears in the Act or in its implementing regulations -- were still in force. The Department has denied that it needs to issue clarifying guidance.

In COED Recommendation #9, we asked the Department of Education to take positive steps to "nurture" center schools. For much of the past decade, the Department has actively discouraged state and local education agencies from considering such schools to be what the law says they are -- legitimate placement options that may be least restrictive for some children. In COED Recommendation #10, we asked the Department to encourage center schools to provide what some already do -- programs that offer deaf children opportunities for integration with non-deaf children. In COED Recommendation #12, we sought to encourage the use of experts in deafness by SEAs and LEAs, including employees of center schools, so that evaluation and assessment of deaf children would be performed accurately and comprehensively. In COED Recommendations #13, the Commission asked the Department to encourage states to do what New York, among other States, already does -- provide "program standards" for center schools. I have seen no substantive response to date from the Department.

COED Recommendation #14 urged action by the Federal Government to improve the "quality" of special education, specifically deafness education. We were responding to something the Department of Education since has acknowledged -- that virtually none of the "excellence in education" laws and rules adopted by the several States addressed special education. None of the ten Annual Reports to Congress on implementation of EHA released to date has included data on student achievement or other indices of quality. The Department has discretionary authority under the Act to do a lot to advance quality: as a beginning, to collect information and report it; to recognize excellence where it occurs; to provide research, training and demonstration grant awards aimed at enhancing quality services for handicapped children. The Department also has discretionary authority under the Hawkins-Stafford Act of 1987 to make awards to "excellent" programs; Senator Harkin's floor remarks during debate on that Act specify that the Hawkins-Stafford authority may be applied to special as well as to general education.

This is a central issue. When Congress enacted PL 94-142, it sought to assure an education for individuals with handicaps. The Commission believed that now, after 14 years of experience with the Act, it is time to assure not merely access but some level of quality in education. As a minimum, the Department should encourage SEAs and LEAs to go beyond the minimum requirements of federal law to provide high-quality services for children who have handicaps.

## Parent Rights

Issues. The needs of children with disabilities, including deafness, change from year to year. To take just one example from among many, young deaf children may need intensive language instruction more than may deaf youth, while deaf youth, in turn, may need social interaction opportunities with peers more than do deaf children. Accordingly, the Commission believed it to be necessary that parents be advised annually of options available.

Recommendation. In COED Recommendation #11, the Commission recommended that parents be advised at each IEP meeting, and at least annually, of the range of alternative placements available which offer appropriate educational services meeting the child's unique needs.

Progress. The Department has stated that it is sufficient that the parents receive this information once, at the first IEP meeting. This does not respond to Recommendation #11.

**RPEPDs**

Issues. The four federally funded postsecondary programs for education of deaf youth and adults [RPEPDs] are authorized under the Act. They provide an unbalanced range of services; the CSUN program, for example, focuses upon collegiate education while the St. Paul program concentrates upon vocational and technical training. The Commission believed that broader, more balanced offerings were important. We also wanted the RPEPDs to stimulate and support other programs in their respective regions so as to enhance the variety of postsecondary programs for deaf people.

Recommendations. COED Recommendation #17 suggested that funding for the RPEPDs be increased so that they could carry out these important tasks, and that a fifth RPEPD be established. In #18, we suggested that they be funded on a five-year rather than a four-year cycle. In #19, we recommended that they be charged with adult and continuing education responsibilities, again with supplemental funding. In #21, we reacted to what we perceived as an inadequate Federal role in coordinating their activities. In #22, we suggested that they be evaluated in conjunction with accreditation reviews. In #25, we recommended that they be more active in affirmative action on behalf of persons who themselves are deaf or hearing impaired.

Progress. The Department of Education has implemented or is implementing #18, #19, and #22. The four programs now are funded on a five-year cycle. They have been charged with additional responsibilities and they will evaluated regularly.

However, the funding for these programs has not increased. The proposed fifth RPEPD has not been created. I am concerned that the four RPEPDs now are trying to do much more work with the same resources and that those funds now are clearly inadequate.

With respect to Recommendation #21, it is my belief that this recommendation should be disregarded for the time being. It was drafted at a time when the Commission had serious reservations about the leadership of certain programs, and wanted to impose a greater degree of executive branch oversight. I do not now believe such invasive procedures are appropriate.

I have not seen much evidence that Recommendation #25 has been taken as seriously by all of the RPEPDs as the Commission intended. We have seen at Gallaudet that leadership and management by deaf people has significant educational and psychological advantages to offer to educational programs serving deaf people. The Commission wanted students, faculty and staff at all federally funded postsecondary programs serving deaf people to enjoy those advantages.

## Sign Language

Issues. The Commission officially recognized American Sign Language [ASL] as a full-fledged language on a par with French, German, and other "foreign" languages. In several States -- California, Virginia, and others -- schools are permitted by State law to offer credit-granting courses in ASL as meeting the graduation requirements of foreign-language study. It is critical that future doctors, lawyers, insurance agents, stock brokers and others be able to communicate with Americans who are deaf. It is also crucial that more people be exposed to sign language so that some will pursue careers as interpreters. We as a nation face a debilitating shortage of interpreters -- and the situation will become much, much worse if such landmark bills as the Americans with Disabilities Act are enacted. The "civil rights moment" for deaf people unleashed by last year's protest at Gallaudet will also lead to many more deaf people entering into and functioning in the mainstream of society, where they will be greatly helped both by "sign language literacy" on the part of the general public and by a greater supply of interpreters.

Recommendation. COED Recommendation #15 sought action by the Department of Education to recognize ASL as a language on a par with other languages and to encourage the States to do what California and other States recently have done.

Progress. I have seen very little action by the Department in response to these commission recommendations.

I was pleased, however, to see that the TESOL '89 [Teaching English to Speakers of Other Languages Convention, El Paso, TX, March 1989] meeting focused on the Commission's recommendation, and produced additional support for our position. The Teaching English to Deaf Students [TEDS] section of TESOL sponsored an important session on this topic.

Personnel Preparation

Issues. The Education of the Handicapped Act, as amended, provides funds for preservice and inservice training for educators. The Commission was concerned about manpower shortages and inadequate professional training at all levels of deafness education, including educational interpreters.

Recommendations. In COED Recommendation #31, we urged the Department of Education to target personnel preparation monies toward training of early intervention specialists who would work with deaf infants and toddlers. In Recommendation #32, we urged the Department to support state efforts to upgrade the quality of personnel working in elementary and secondary education. Recommendation #33 spoke to the Commission's concern that many professionals and paraprofessionals working in public school systems were not skilled in language development and could not communicate with deaf children. Recommendation #34 asked the Department to do more to provide inservice training for persons employed by LEAs in day, resource and regular classroom settings. In Recommendation #35, we sought stipends to encourage qualified people to enter the field of deafness education. And in #36, we urged the Department to take steps to alleviate a nationwide problem with finding, keeping and supervising educational interpreters.

Progress. The Department has not implemented these recommendations. It has stated that the issues are properly left to SEAs and LEAs. While that is true, the Commission recognized the limitations cited by the Department and specifically worded the recommendations so as to provide the Department with lawful ways to improve personnel preparation. The situation with respect to educational interpreters is particularly serious. In many LEAs, poorly trained persons are paid minimum wage and are placed repeatedly in conflict-of-interest positions by being forced to divulge confidential information. It is my hope and expectation that the Department's new leadership will find ways to respond to the Commission's very deep concern about the quality of personnel preparation.

A survey by the Louis Harris and Associates polling firm which will be released this Spring is expected to show that the average secondary teacher in the public schools works on a regular basis with as many as four to seven handicapped children. This reinforces what the Commission contended: that preservice and inservice training for regular teachers is an obvious, and to-date largely overlooked, problem for the Department of Education. One would think that as early as 1975 the Department would have recognized that the least restrictive environment language in the Act called for preservice training for regular educators to include at least one semester course in special education and that inservice training must include preparation to work with individuals with handicaps. In fact, however, many states still do not require even one special-education course for teacher certification -- and the Department has done little or nothing to encourage them to do so.

### Technology

Issues. The Commission was concerned that the most advanced technology in the typical classroom in this nation remains the blackboard. Today's technologies have so much more to offer to deaf and other handicapped children that Congress and the Department need to take steps to realize the potential of these technologies.

Recommendations. In COED Recommendation #44, we urged that all instructional materials financed by and/or disseminated by the Federal Government have open captions. Section 504 already requires the Department to provide captions or another means of making such materials accessible to deaf people. That requirement frequently is ignored. In Recommendation #46, we asked Congress to appropriate more funds for technology. In #47, we recommended that schools acquire only accessible technologies.

And in #50, we recommended improvements in the Media Services and Captioned Films program.

Progress. Congress has acted on #46 and partially on #47, in both cases through PL 100-407, the Technology Related Assistance for Individuals with Disabilities Act of 1988 introduced by Senator Harkin. That Act requires States participating in "TRAIDA" to certify that they, and their agencies, will comply with section 508 of the Rehabilitation Act of 1973, as amended. What remains to be done is to amend the Education of the Handicapped Act to require SEAs and LEAs to acquire accessible technologies, as federal agencies now are required to do. The Department says it has not yet "analyzed the impact of" #47. We have seen little progress on #44. With respect to #50, the Department reports some encouraging progress.

The Department has funded a project implementing part of COED Recommendation #42. That recommendation spoke to the need for a computer chip for decoding closed captioning. The Commission wanted such a chip to be built into TV sets so that use of the closed captioning technology would expand rapidly among hard-of-hearing persons, individuals who are illiterate, recent immigrants and other speakers of foreign languages. I understand that recent work under contract to the Department has resulted in signficant progress toward development of such a chip. Were the Department now to accelerate the timetable for the chip's production, it is my understanding that the chip would cost some five dollars [$5] each in mass production.

The Commission expressed hope that the Chairman of this Subcommittee would advise his colleague chairing the committee authorizing the Federal Communication Commission [FCC] of this technology and urge that that committee expressly direct the FCC to require TV manufacturers to incorporate such a chip into most new TV sets as standard equipment.

It is difficult to over-state the impact of such a ruling. The stand-alone caption decoder has penetrated only a small fraction of the total market. By making the chip available to anyone buying a television set, the Federal Government would vastly expand literacy, ESL, and other education efforts -- and would unleash an explosion of creative applications using captions for other, as-yet-undreamed-of, purposes. As a father, I can offer a concrete example of new applications: as pre-schoolers, my daughters watched a lot of cartoons on Saturday mornings. Having the captions on relieved a lot of my anxiety over that addiction to cartoons, because I knew they were learning to read -- even if they did not! My home is caption-equipped; most homes today are not. The action recommended by the Commission would advance education in America, a top national priority, at minimal cost, again a national priority in these times of tight resources. It is a case of doing good well -- and we must grasp the chance.

Thank you.

Senator HARKIN. Dr. Forness, Professor and Inpatient School Principal, Neuropsychiatric Institute and Hospital, University of California, at Los Angeles. I understand that you will talk about the special education needs of children and youth who have behavioral and emotional disorders.

Welcome to the subcommittee.

Dr. FORNESS. Thank you, Mr. Chairman.

Mr. Chairman, my name is Steve Forness, and I do represent the National Mental Health Special Education Coalition. We are composed of more than 20 organizations, at least half represented by mental health professionals and the rest kind of equally split between school professionals and a half dozen more for parents or advocates.

Mr. Chairman, these are very diverse groups. I have been a special educator working in the mental health setting for more than 20 years, and it is unprecedented in my experience that such diverse groups could not only come together and work for two years, but actually agree on the testimony that we have submitted to you and which we would like entered into the record.

I think our testimony is indeed testimony to how desperate we are in regard to the problems of children with serious emotional disturbance in our schools. I would like to highlight just some parts of our testimony.

Our main concern is that children with SED are vastly underserved. Only about half a percent of school-age children are actually receiving special education in this category. Even conservative estimates suggest that this may be only one in five who actually need it. Let me repeat that, Mr. Chairman: Ten years after Public Law 94–142, we may be serving only one out of every five children with emotional behavior disorders who need services in our schools.

Now, there are three main reasons why these children are not served. The first and most obvious reason most of us think is one that we cannot directly address today, and that is the troublesome definition and terminology of SED. I would just like to mention a few words about it, just in terms of background.

First of all, no other category of special education has the restricted modifier seriously. No other category has five different criteria for eligibility that seems so divorced from the people's experience with these children, and no other category attempts to exclude children if they seem to have one of the primary symptoms of their own disability, and that is social maladjustment.

For example, I recently had experience in our hospital with a 9-year-old youngster who was socially maladjusted. He got into fights with his classmates, he was defiant to teachers, but he did not get referred to our source of special education until he tried to jump out of a third-story window, with the clear intent to commit suicide. Social maladjustment was a symptom of that underlying depression, but the school continued to see him as socially maladjusted almost until it was too late.

Changing this definition in terminology would have helped this youngster, Mr. Chairman, but it would not have been enough. That we are saddled with this definition I think, at least in the immediate future, makes our remarks on the discretionary programs even more urgent, and that is why I would like to focus on at least two other reasons why we are not serving these children.

One is that we simply do not know enough about identifying and serving children like this in our public schools. Three of five of these children are in restrictive school settings. As a matter of fact, we are using out-of-school placements for these children, half again as much as any other major category of special education. We are taking them out of their homes and even out of their communities in order to serve them, rather than developing school-based programs.

Two out of five of children that we serve drop out of school before graduation. It is the highest dropout rate of all ten categories of special education. Something is not working. Schools still lack basic partnerships with other agencies such as mental health or child welfare, and especially with parents, who are not only overburdened but made to feel much more stigmatized than are parents of children in other categories, and this prevents them from seeking our services.

Now, the other reason is that even if we could improve our services, Mr. Chairman, we do not have enough trained people to teach or care for these children in our public schools. There is a shortage of teachers in this category and it is the worst of all ten categories in special education. It is especially critical in recruiting minority teachers.

Thirty percent of our teachers leave after 3 or 4 years, because of the stress of this job. Even if we recruit and retain them, Mr. Chairman, more than any other category, these teachers cannot do the job alone, and there is a shortage of other personnel, school psychologists, social workers and others to assist these children and their families.

These two areas, lack of knowledge or implementation of good school programs and lack of personnel to run them have led us to make several recommendations under Part C of this Act. These begin on page 28 of our testimony. We would like, for example, in section 628 to see grants with the priority on SED, including studies on ways to improve the status of these services, demonstration projects for more effective in school programs, and development of ways to identify these children's problems before they become worse, so they won't have to attempt suicide in order to prove to us that they need services.

In section 631, we would like to see a priority on SED and personnel preparation, training regular and special education teachers and related services personnel. And in section 641 we would like to see priority in research in this critical area.

I would like to conclude, Mr. Chairman, with a plea on behalf of parents: It is tough enough to live day in and day out with these children, but parents of these children are also much more ostracized than our parents of children in just about any other categories. Their networking with other parents and with us and schools is much more difficult and their knowledge of how to get services is therefore much more limited.

At least a start, Mr. Chairman, would be to strengthen the national clearinghouses in this area. We need to empower parents to get them involved before it is too late, too late for them and too late for us to help them with their children.

Thank you, Mr. Chairman.

[The prepared statement of Dr. Forness follows:]

## PREPARED STATEMENT OF STEVEN R. FORNESS

Mr. Chairman and Members of the Subcommittee:

The National Mental Health and Special Education Coalition is pleased to have this opportunity to address the state of the provision of a free, appropriate public education as required under the Education of the Handicapped Act, to our nation's children and youth with serious emotional disturbances.

After two years of collaborative examination of the state of practice, we must report that students with serious emotional disturbances remain significantly unserved or underserved. While the reasons why the needs of this population of students is so neglected are numerous and complex, they can be best summarized as a failure of leadership at all levels to provide systemic, continued attention to their problem. It is our hope that these hearings on the reauthorization of the Education of the Handicapped Act will be an important first step in addressing this significant national problem.

In 1987, organizations representing parents, mental health and special education, who shared a common concern about the state of services to seriously emotionally disturbed children and youth, came together to see if they could reach agreement on the extent and nature of the problems and what might be done to solve them.

The diversity of organizations and individuals involved was representative of the complexity of the service systems, professionals and others involved in serving these children. While there were obviously disagreements of view, over time it became apparent that there was more agreement than disagreement and that our reaching agreement was critical to solving the problems. The organizations formed, and have continued to work together as, the National Mental Health and Special Education Coalition.

Later that year, the Coalition issued a Statement of Problems in Meeting the Needs of Children with Serious Emotional Disturbance through the Education of the Handicapped Act. The statement was endorsed by the following organizations:

American Association of Children's Residential Centers
American Association for Counseling and Development
American Academy of Child Psychiatry
American Psychiatric Association
American Psychological Association
American School Counselors Association
(Division of American Association for Counseling and Development)
Children's Defense Fund

Council for Children with Behavioral Disorders
(Division of Council for Exceptional Children)
Council for Exceptional Children
Education Law Center
Georgetown University, Child and Adolescent Service Systems
Program, Technical Assistance Center
Mental Health Law Project
National Association of School Psychologists
National Association of Social Workers
National Association of Private Schools for Exceptional Children
National Association of Protection and Advocacy Systems
National Association of State Mental Health Program Directors
State Mental Health Representatives for Children and Youth
(A Division of NASMHPD)
National Institute of Dyslexia
National Mental Health Association
Parents Involved Network, SE Pennsylvania Mental Health Association
Parents Supporting Parents, Mental Health
Association of Montgomery County, Maryland

The statement identified the following seven major problem areas:

- Parent Advocacy
- Identification and Assessment
- Delivery of Appropriate Services
- Ethnic and Culturally Diverse Children with Serious Emotional Disturbances
- Coordination of Multiple Agencies that Serve Children with Serious Emotional Disturbance
- Training
- Research

## PARENT ADVOCACY

Problem: Many parents[1] do not have the knowledge or skills to effectively advocate for their children's educational needs. While P.L. 94-142 specifies parent involvement and consent in the planning of a child's special education program, parents of children with serious emotional disturbances often are not effectively involved. There is a serious lack of self-help or advocacy organizations directed at meeting the unique needs of parents of children with serious emotional disturbances.

Parents are often overwhelmed by the necessity of coping with both the needs of a child with serious emotional disturbances, and complex, highly bureaucratic service systems.

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[1] Parents in this context includes parents, legal guardians and surrogate parents.

Parents are often not well informed about their rights and what role they can play to help make the system work effectively for their child. There is not a strong parent advocacy and self-help movement for parents of children with serious emotional disturbances.

Parents are deeply concerned about the stigma, both for themselves and their child, associated with the term "seriously emotionally disturbed" or similar labels and are afraid to speak out because they do not want to be blamed for their child's emotional disturbance.

The attitudes of mental health providers and educators towards parents are often based on the erroneous belief that parents of children with serious emotional disturbances are "incompetent" and "dysfunctional."

Legitimate needs of the child and family are often viewed as symptoms of a "dysfunctional state". For example, requests for transportation and respite opportunities, which are often very legitimate needs, may be regarded as over-dependency.

Parents who advocate assertively for legitimate educational needs are often treated as troublesome.

Many parents hesitate to become involved because educational matters have traditionally been considered properly left to educational professionals.

Outreach efforts by schools and mental health agencies to involve and support families are limited.

Education and mental health systems are too often not sufficiently responsive to parent needs. Their policies and requirements can intimidate parents and frequently make excessive and unrealistic demands on them. Particularly a problem for parents is the number of meetings they must attend, and the fact that many parents work and cannot attend meetings during the working day.

Agency communications are often written in hard-to-understand language and contain acronyms not familiar to parents.

Families in rural areas encounter especially difficult barriers. Because of travel time and distances, these families may not be able to play an active role in their child's education and treatment.

Agencies place constraints on professionals, frequently preventing them from building partnerships with parents and advocating for the child's educational needs.

Parental frustration, which may be taken out on the teachers and mental health professionals, hinders useful communication between school systems and parents.

Parents do not know enough of the constraints and pressures on special education teachers and other professionals.

Because of confidentiality concerns, names and addresses of parents of children with serious emotional disturbances are not released to agencies which are interested in providing outreach to parents.

Parents are not given the opportunity to participate and provide the parents' point-of-view in pre-service and in-service training programs for education and mental health professionals.

In certain situations, parents must give up custody of their child in order for the child to receive services. This can occur if the child cannot be at home, requires a structured setting, and the school is not willing to pay for residential treatment. The child must be under the jurisdiction of the child welfare system for the costs of residential care to be covered.

## IDENTIFICATION AND ASSESSMENT OF CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES UNDER P.L. 94-142

Problem: There is no consistent definition of, or eligibility criteria for, "seriously emotionally disturbed". For this and other reasons, many children with serious emotional disturbances are never identified and consequently do not receive services they require. Other children who were determined eligible in one jurisdiction find themselves ineligible in another jurisdiction.

No clear definition of eligibility by reason of serious emotional disturbance exists in federal policy; therefore, each state has had to operationalize its own definition, resulting in a tremendous disparity between states.

A lack of clarity in the mental health field regarding definitions and diagnoses as to who is seriously emotionally disturbed compounds the difficulty assessment personnel have in making appropriate assessments.

A lack of uniformity in identification procedures exists among states and localities

P.L. 94-142 explicitly excludes children who are "social maladjusted" (unless they are seriously emotionally disturbed), yet the distinctions between social maladjusted and severely emotionally disturbed are confusing and often meaningless. This confusion in labeling can result in some children not being identified and not receiving services.

Because of the modifier "serious", children who are identified and served as children with serious emotional disturbances tend to be "more" disturbed before they are identified as compared to other populations with handicaps. Those with mild or moderate disturbances may never be identified or may not be identified until their behavior becomes more extreme.

School personnel often have too little training in effectively dealing with individual social, cultural and gender differences and differences in normal developmental experiences. They, therefore, tend to misidentify some segments of the student population as seriously emotionally disturbed.

The lack of consideration of cultural, ethnic and gender differences results in an over-representation of black males identified as having serious emotional disturbances and an under-identification of females, who may not act out or be labeled as troublesome.

There is reluctance, because of the stigma, to label a child "seriously emotionally disturbed". As a result, children may not be identified, may be mis-labelled or parents may refuse local school district efforts to evaluate or serve their child.

Because of funding constraints, some states and localities set limits on the number of children with serious emotional disturbances they will identify.

Some children are not identified because few or no appropriate services may be available in their school and community.

Limited outreach efforts by schools and mental health systems to parents and professionals in the community to identify children with serious emotional disturbances results in lack of identification.

Children may not be identified because regular education teachers and administrators are not adequately trained to recognize or differentiate behaviors that warrant referral for assessment purposes.

Some children with serious emotional disturbance may have a primary diagnosis or label other than "severely emotionally disturbed", such as learning disabled or mentally retarded. As a result they are not identified as needing, nor do they receive, SED services.

Children with serious emotional disturbance who also abuse alcohol or drugs are often denied services because of their substance abuse, without an assessment to determine whether there is an underlying SED problem.

Parents, because of the perceived stigma connected with identification, may refuse local school district proposed evaluation.

School districts often do not pursue legal procedures available to them to evaluate a child when parents refuse to approve.

Parents often are not adequately involved in the assessment of their children.

Parental involvement would lead to development of an expanded social history, a key element in identification and assessment of children with serious emotional disturbances.

Medical evaluations, both psychiatric and neurological, are frequently not conducted. Yet these are vital in evaluating children with serious emotional disturbances. Severe and long-term mental disorders frequently have a biological basis.

There is an overreliance on pen and pencil psychological and educational testing.

School systems lack mental health services that could prevent situational stress and mild mental health problems from developing into serious emotional disturbances.

## DELIVERY OF APPROPRIATE SERVICES

Problem: For those children identified by the school system as being seriously emotionally disturbed, the services provided are too often inadequate and/or inappropriate.

There is a lack of federal guidance and support in developing an effective means to implement and finance a true continuum of school, community and residential services for children with serious emotional disturbances.

P.L. 94-142 mandates that the educational system provide services to children with serious emotional disturbances; there is, however, no counterpart policy mandating that the mental health system provide services to this populations.

In most communities, there is a lack of a range of appropriate school and community-based service options for children with serious emotional disturbances, and a viable continuum of care does not exist. Children are not always served in the setting that best meets their needs. There is an over-reliance on residential care and a lack of day treatment services which would enable a child to remain in his/her community.

Confusion still remains around the provision of "related services." According to current Education of the Handicapped Act regulations, related services are "required to assist a child to benefit from special education." Interpretations of this phrase vary and its ambiguity results in states and local school districts failing to provide services to children with serious emotional disturbances.

In planning an Individual Education Program, the child usually has to fit with the services that are available, rather than an appropriate program being developed for the child.

The Education of Handicapped Children Act is focused on the educational needs of handicapped youth. As a result, IEP's sometimes tend to emphasize and instructional/academic approach and do not include behavioral/therapeutic approaches which address the psychosocial needs of the child.

Because of a lack of family support services -- especially in the areas of family counseling and therapy, day care/respite care, structured after school programs and recreation -- families often are unable to keep their child at home, resulting in placements that may be more restrictive than necessary.

In many school systems, school psychologists and school social workers are overwhelmed by evaluation responsibilities; consequently, they are not able to devote time to the provision of therapy or counseling services to meet the psychosocial needs of this population. This shortage of personnel extends to other fields: school nurses, guidance counsellors, social workers and other pupil services personnel.

Services to assist adolescents with serious emotional disturbances in coping with the transition to the adult world and adult systems are extremely limited.

There is a lack of a continuum of educational program options, particularly education programs within public schools, for children who are in hospital, residential and other out-of-home placements.

There is a lack of effective summer programs to assure appropriate educational and psychosocial progress for children with serious emotional disturbances.

## ETHNIC AND CULTURALLY DIVERSE CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES

Problem: The provision of appropriate services to ethnic and culturally diverse children with serious emotional disturbances is complicated by important cultural, social, economic and historical differences as well as legal considerations. Patterns of under- and over-representation of some groups of ethnically diverse students in programs for children with serious emotional disturbances; inappropriate placements; services in conflict with the values and perceptions of particular cultural groups; low rates of parental involvement; and ethnic mismatches of children and service providers challenge our present delivery systems to provide improved services to these children and youth and their families.

Mis-identification of ethnic and culturally diverse children with serious emotional disturbances often occurs due to a lack of knowledge of their cultural background.

Frequently, ethnically and culturally diverse youth who exhibit symptoms of serious emotional disturbances are referred to the juvenile justice system.

Services to ethnic and culturally diverse children with serious emotional disturbances and their families are rarely culturally sensitive.

The service system is designed for the majority and is insensitive to appropriate and effective approaches and methods for other families.

Parents from ethnic and culturally diverse cultures are often not given the same respect as other parents.

Special culturally sensitive outreach efforts are generally not conducted for ethnically and culturally diverse families or with family members who may be at risk.

Materials and services are not often provided in the appropriate language or vernacular.

Communication barriers are particularly serious when ethnic and culturally diverse parents attempt to communicate with their child's school.

There is a lack of an appropriate advocacy system for children who are culturally and ethnically diverse.

There is an inadequate number of qualified special education and mental health professionals from ethnic and multi-cultural groups at the service delivery and leadership levels.

Insufficient effort is made to recruit ethnic and culturally diverse students to enter the mental health and special education fields.

Training for educators and mental health professionals is inadequate in terms of imparting knowledge and competencies to work with ethnic and culturally diverse children and their families.

Data collected by service delivery systems often are not collected by ethnicity, limiting our understanding of the nature and extent of existing and needed services for these populations.

There is an absence of research concerned with ethnic and culturally diverse children with serious emotional disturbances. A great deal more needs to be known, for example, about (1) how these children fare in the existing delivery system; (2) socio-cultural factors -- such as cultural identity, stress of assimilation -- related to behavior; (3) culturally appropriate intervention practices; and (4) distinguishing between deviant and culturally different behavior.

Ethnically and culturally diverse children who are identified as seriously emotionally disturbed are often given more pathological labels than symptoms and behavior warrant.

## COORDINATION OF THE MULTIPLE AGENCIES THAT SERVE CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES

### (With Particular Emphasis on Mental Health and Special Education Agencies)

Problem: Problems in adequately identifying and serving children with serious emotional disturbances result from the lack of coordination of the multiple agencies that have some responsibility for children with serious emotional disturbances and their families. A coordinated, interagency response is required to meet the complex needs of children who are severely emotionally disturbed, yet there are significant barriers to achieving appropriate coordination.

Through P.L. 94-142, school districts have a responsibility to provide a free and appropriate public education for students with handicaps. No similar legal responsibility exists for other agencies.

Mental health, health, social services, education, juvenile justice, recreation and vocational rehabilitation service systems all are involved with children with serious emotional disturbances, but in most states there is no clear delineation of the roles and responsibilities of these different agencies, and there are differences in interpretation and compliance with federal or state policies.

Conflicts between agencies exist because of diffuse lines of responsibility. Different systems often blame each other for not adequately assuming their share of meeting service needs.

Conflicting or vague policies around who pays, who serves and who is ultimately responsible for what happens to a child can result in children with serious emotional disturbances "falling through the cracks" of differing agency jurisdictions. Schools may avoid referring students with serious emotional disturbances for mental health services because of the danger of becoming liable for the cost of services.

Despite federal policy, there is a lack of state policies and fiscal and other incentives necessary to effectuate coordination between state agencies.

Agencies often fail to cooperate and coordinate in providing services to children with serious emotional disturbances because of "turf" issues and protection of agency funding.

Different agencies define the target population differently, according to their own criteria.

Different agencies have different eligibility requirements.

The need for confidentiality often prevents referral between agencies.

When coordinated processes do exist, agencies often fail to communicate that fact to parents and service providers.

The "ownership" of a case by one agency tends to impede coordination.

Narrow definitions of the roles of various mental health disciplines impedes integration of service capacities.

## TRAINING

Problem: The lack of adequate training (including pre-service and in-service training) and support for educators, parents and mental health professionals is a pervasive problem in serving children with serious emotional disturbances.

There is a high rate of burnout among persons who live and work with children who have serious emotional disturbances.

There is a lack of interdisciplinary training and joint training of parents and professionals around identification, appropriate planning, treatment, instruction and available services.

There is a limited dissemination of information and technical assistance on effective programs, exemplary practice and successful approaches for working with children with serious emotional disturbances and their families, especially across the disciplines that deal with this population.

There is limited and inadequate information and training directed to parents to support and assist them in playing an active role in helping their child.

There is limited and inadequate information and training for professionals to assist them in providing comprehensive services for children with serious emotional disturbances.

There is insufficient supply of adequately trained personnel to work with children with severe emotional disturbances. In particular, there is an insufficient corps of adequately trained males in special education and mental health, especially from ethnically and culturally diverse populations, to work with and serve as role models for the increasing number of minority male youth with serious emotional disturbances in the system.

There is a lack of training and consultation for regular education personnel in early identification and in the development of appropriate interventions and coping strategies for inappropriate behaviors which interfere with education.

Pediatricians, clergymen and health practitioners are frequently not adequately trained in recognizing serious emotional disturbances nor are they provided with information on available resources for children with serious emotional disturbances.

There is a lack of public education on the needs of children with serious emotional disturbances.

Program administrators, both in special and regular education, are not as open to adopting new approaches as they could be, and need to be better educated about the needs of children with serious emotional disturbances and new approaches to serving such children.

Training of mental health professionals rarely offers a broad understanding of community based alternatives to institutional care for children with serious emotional disturbances.

Continuing education to maintain professional credentials is not mandated for all professionals working with children with serious emotional and behavioral handicaps.

There is an insufficient supply of adequately trained personnel to work with children with emotional and behavioral handicaps in rural areas.

## RESEARCH

Problem: While there are methods for successfully serving children with serious emotional disturbances with a strong empirical base, this knowledge is not sufficiently disseminated and applied in the service community. Further, there is a serious lack of federally-supported and other research and demonstration initiatives specifically related to the population with serious emotional disturbances.

There are vast disparities in the data bases available on the different handicapping conditions. In particular, the data available on children with serious emotional disturbances--who these children are and how they are being served--are either poor or totally lacking.

Limited research has been conducted to evaluate diagnostic and assessment tools, programs, exemplary practice, teaching methods, curricula, outcomes, training and parent involvement. Many programs working with children who have serious emotional disturbances have been unable to evaluate their results, because they do not have the staff or the resources to support a research capability.

The agencies that fund such research have not sufficiently targeted children with serious emotional disturbances as a priority population. The research with this group, particularly longitudinal studies, is expensive and there are insufficient long-term commitments of funds to capable researchers.

There is a lack of research and knowledge of the types of services and interventions that have practical and not just laboratory application and of the settings needed for children with serious emotional disturbances.

There is a lack of awareness and guidance for schools on what is known about the services which should be provided to children with serious emotional disturbances and the teaching techniques that should be utilized.

There is a lack of applied research on the effects of actual programs and how to evaluate IEP goals and determine with parents when an intervention should or should not be continued.

## STATEMENT ON THE CURRENT STATE OF PRACTICE

In order to assist the Congress and others to better understand the problems previously described, we have pulled together data and other information from a wide range of sources that document the current state of practice.[2]

### I. Identification

It is generally agreed that children with serious emotional disturbance (SED) remain the most underserved population of students with handicaps (Knitzer, 1982; U.S. Department of Education, 1988; Smith, Wood, & Grimes, 1988; Robert Wood Johnson Foundation, 1988). In the 1986-87 school year, 384,680 children with serious emotional disturbance were reported by states as receiving a free appropriate public education (FAPE). While this represents a 36% increase in the number of SED students served over the past decade, the number served is only .57% of the total population of children and youth of comparable age (U.S. Department of Education, 1988), a percentage considerably below the most conservative estimates of the suspected incidence of such students (Silver, 1988).

A comprehensive review of epidemiologic studies has suggested that as many as 8 to 10% of children and youth may have persistent emotional disorders, even when conservative identification procedures are utilized (Brandenburg, Friedman & Silver, 1987). An even more conservative view is presented in the 1986 Office of Technology Assessment (OTA) report, Children's Mental Health: Problems and Services, which suggests that when severity of the disorder is considered, data indicate that 3% of school age children are "seriously mentally disturbed." While the OTA data focus specifically on the need for mental health services they provide a baseline for estimating the numbers of SED students who require special education and related services. Based on OTA's 3% incidence projection and the numbers served as reported by the U.S. Department of Education, it can be safely estimated that only about 19% of students with serious emotional disturbance are presently being served under P.L. 94-142.

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[2] The Coalition wishes to recognize the work of Dr. Lynne Cook in the coordination and writing of this section.

Studies on the underidentification of students with serious emotional disturbance have not yet verified consistent or systematic patterns to explain this phenomenon (Beare & Lunch, 1986; Center & Obringer, 1987). There is evidence to suggest that more careful attention needs to be given to the following mitigating factors:

## State Variation in Interpretation of the Federal Definition of SED

The term "Seriously Emotionally Disturbed", for the purposes of the Education of the Handicapped Act (EHA), is defined in the code of federal regulations (300.5(b)(8)) as follows:

> (i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance.
>
> > (A) An inability to learn which cannot be explained by intellectual, sensory, or health factors;
> >
> > (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
> >
> > (C) Inappropriate types of behavior or feelings under normal circumstances;
> >
> > (D) A general pervasive mood of unhappiness or depression; or
> >
> > (E) A tendency to develop physical symptoms or fears associated with personal or school problems.
>
> (ii) The term includes children who are schizophrenic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

In order for a student to qualify as SED under the Federal definition, he or she must have at least one of the above characteristics, but in addition must have the characteristic over a long period of time, to a serious degree and have it impact adversely on educational performance. Further, socially maladjusted children are excluded. Thus, each state is faced with establishing criteria for each of these nine definitional variables. The degree to which a state uses the criteria to constrain or open eligibility is a major factor in determining the numbers of students who will qualify under the criteria. Data from Iowa and California are illustrative examples.

During the past decade Iowa's number of students with serious emotional disturbances grew from 1,757 to 6,240, a 255% increase. At the same time, the number of SED students California served actually declined from 21,990 school-aged children to 10,180, a 54% decrease (U.S. Department of Education, 1988). During this period, Iowa moved to a more inclusive interpretation of the federal SED definition (Wood, Smith, & Grimes, 1985) while California's interpretation of the same law became more narrow

(Forness, 1985). Although these two states are presented for illustration, a close examination of data from other states show similar dramatic contrasts. Even when contiguous states are contrasted, such differences appear. The percentages of school-aged children with serious emotional disturbance, for example, in Connecticut, New York and Vermont are 1.58, 1.01, and 0.39 respectively (U.S. Department of Education, 1988).

A recent study by the Robert Wood Johnson Foundation (1988) found similar variations when they examined a sample of five school districts across the nation. The five districts reported the number of students with serious emotional disturbance served (as a percentage of the total special education population) ranged from 2% in Santa Clara, California to 15.7% in Milwaukee, Wisconsin. Many professionals in both special education and mental health consider the definition and the variance in state interpretation to be a major factor in the underidentification of students with serious emotional disturbances (Kauffman, 1989; Kokaska & Cook, 1983; Smith, Wood, & Grimes, 1988; Wood, 1987).

Several of the definitional criteria appear to be particularly problematic. The requirement that the serious emotional disturbance adversely affect educational performance, if applied only to a severe discrepancy in academic skills, may both delay the age in which students are found eligible and mitigate against serving students who have deficits in other educational areas such as interpersonal, social and employment skills. An emphasis on academic performance may account for the U. S. Department of Education's (1988) finding that a relatively small percentage of children with serious emotional disturbance are served in the preschool and primary grades with a significant increase occurring between ages 12 and 17 even though most problems were identified by age six (Silver, Friedman, Duchnowski, Ski & Kutash, 1989). A recent paper developed by the Maryland School Psychology Association (Albrecht, Flook, Salvagno, Simmons & Woodman, 1988) addresses this concern and cautions school psychologists who serve on assessment teams to avoid restrictive interpretations of the term "adverse educational impact." The MSPA paper states, "...school psychologists should consider the phrase 'educational performance to be one encompassing the various expectations present in the school setting...skills which go beyond pure academics..." (1988, p.8). These skills include participation in class activities, relationships with peers and adults and other interpersonal and social skills found in the state's goals for education.

Another problematic definitional criterion is the exclusion of children and youth who are socially maladjusted. Professionals find it difficult, if not impossible, to distinguish reliably between social maladjustment and serious emotional disturbance. In many cases the former is a primary symptom of the latter, e.g. agitation and aggression are frequently seen in young children with an underlying diagnosis of depression (Forness, 1988). Moreover, some professionals assert that the original intent of this definitional criterion was limited to the exclusion of children considered as the responsibility of the juvenile justice system (Cullinan & Epstein, 1986; Peterson, 1986). The exclusion of children from the SED category under the vague term of "social maladjustment" in EHA is seen as a principal reason for the confusion, excluding certain types of children who were clearly intended to be served. (Council for Children with

Behavioral Disorders, 1987, 1988). Strict definitional criteria regarding social maladjustment, applied by states, may also be a significant factor in depressing the identification of students with serious emotional disturbances (Cullinan & Epstein, 1986; Peterson, 1986; CCBD, 1987, 1988).

### Perceived Stigma Associated with the Term Seriously Emotionally Disturbed

Professionals may resist identifying students or parents may refuse accepting such an identification because they perceive the label seriously emotionally disturbed as socially stigmatic (Wood, 1987; Kokaska & Cook, 1983; Kauffman, 1989; U.S. Congress, 1986). A congressionally ordered study (SRA, 1985) found that the general public views mental illness as the least acceptable of handicapping conditions. This study cites a 1984 report from the National Association of State Directors of Special Education (NASDSE) that suggests that students with serious emotional disturbance are not adequately served under EHA because parents shun the SED diagnosis in favor of other labels. The SRA study further reports that some parents prefer the 'learning disabled' label and augment the special education program with private psychological treatment.

### Lack of Concordance Between Special Education and Mental Health Eligibility Criteria

Reviews of interdisciplinary research demonstrates that the criteria in the SED definition do not relate to types of disorders in the diagnostic nomenclature now used by most mental health professionals (Forness, Sinclair, & Russell, 1984). Thus, it is quite common for a child to be eligible for services in the mental health system yet denied needed services in the schools, or vice versa.

This also makes it difficult for professionals in the medical and mental health fields to work cooperatively in identifying, referring and serving children with emotional and behavioral problems to the schools for special education and related services or vice versa. For example, research suggests that psychiatric diagnoses, as determined by DSM III or DSM III-R (American Psychiatric Association, 1980; 1987) are rarely consistent with the criteria for SED diagnosis. While mental health practitioners using DSM III-R criteria may reach a diagnosis of some mental disorder for a student, the lack of examination of factors concerning educational functioning makes such diagnosis inadequate for SED determination (Barnes & Forness, 1982; Sinclair, Forness & Alexson, 1985)

### Other Factors Influencing the Identification of Students with Serious Emotional Disturbances

School districts are resistant to identifying students with serious emotional disturbances if they do not have the services and other resources available to meet the student's needs. NASDSE (1984) reports that this is particularly problematic in rural areas and poor school districts.

There appears to be resistance to identify students as SED at the secondary school level. "Secondary-level principals are reluctant to see disruptive students classified SED, knowing that suspension or expulsion will no longer be disciplinary options once students are classified" (SRA, 1985).

Teachers are hesitant to make referrals for services for students who are compliant and able to be managed in the classroom even if they have serious emotional disturbances. As the SRA report (1985) notes, these children are often the ones most in need of assistance and are not identified until some dramatic event occurs.

## II. State of Practice in Education

While dissatisfaction exists over the lack of clarity in criteria for identifying students with SED, it should nonetheless be pointed out that progress has been made over the past two decades in public school programming for those children and adolescents. A recent national survey by Grosenick, George and George, (1987) of 126 school districts with services for children and youth with SED provides interesting contrasts with earlier findings of a similar study by Morse, Cutler, and Fink (1964) and illustrates some of the progress made in special educational services for students with SED.

Grosenick and her colleagues found striking similarities in program philosophies over the two decades, with the primary exceptions being that the contemporary sample stresses behavioral theory and returning the student to the mainstream--emphases that were not present in 1964. The public school classrooms of 20 years ago were primarily self-contained and most frequently available at elementary and junior high school levels. In contrast, a greater variety of services are now available at more levels of education. While self-contained classrooms remain the most frequent placements -- consultation, resource rooms, and other less restrictive models are also used in the contemporary sample as are separate schools and more restrictive settings. Hence, the contemporary sample is using a broader range of the continuum than was the case 20 years ago (Grosenick, et al, 1987).

Contemporary teachers, like those of 20 years ago, are central figures in the development and implementation of programs for students with SED. In contrast with their predecessors, today's teachers of such students have broad interactions with general educators and collaborate with them in a number of ways. Entrance and exit procedures continue to involve a team of professionals and the parents. As was the case in 1964, exit procedures are less clear and more informal than procedures for program entry. Contemporary procedures, when compared to those of 20 years ago, put more emphasis on the roles of the special educator, regular education administrator, and parents in determining student eligibility for SED services or readiness for exiting a program.

Progress, according to Grosenick, et al (1987), during the last 20 years is evidenced in increased numbers of students served, a broader range of services available at more levels, increased emphasis on the philosophies of integration and on behavioral theory, and increased teacher centrality to entry and exit decision making. The authors note that the primary evaluation questions of 20 years ago are equally as significant today and suggest that, "It is time to move beyond examination of numerical increases and to confront the issues of quality [and] effectiveness." (Grosenick, et al, 1987, p. 168).

Some related data sources support and expand upon these findings. The use of the full continuum of placement options is illustrated by U.S. Department of Education (1988) data, summarized in Table 1. These data show that in 1985-86, the majority of students with SED received their special education in regular school buildings with nearly equal distribution in resource rooms and separate classes. This represents a shift away from the predominantly self contained classroom placements described by Morse, et. al. in 1964 and an increased emphasis on integration of students with SED. These findings are supported by recent data indicating that schools are maintaining very disturbed children in their programs, and these children have many similarities to their counterparts in residential placement (Friedman, Silver, Duchnowski, Kutash & Eisen, 1988).

Despite the progress in expanding the range of options used, data shown in Table 1, attached, demonstrate that a higher percentage of students with SED are educated in more highly restrictive settings than is the case for most other handicapping conditions.

Another indicator of program effectiveness, student success in the program, also raises concerns about program adequacy. As shown in Table 2, attached, those students who are identified as SED comprise the exceptionality with the lowest graduation rate (with a diploma or a certificate) and the highest dropout rate (U.S. Department of Education, 1988). This would suggest that the schools, in general, are not currently able to provide the range of educational interventions needed to effectively serve this population.

There are additional key questions concerning the adequacy of services. First, while there have been increases in the number of federally funded training and information projects directed towards parents of handicapped children, there is still inadequate involvement of parents in planning for the needs of their children with serious emotional disturbance (Fine, 1987; Friedman & Duchnowski, 1987). Second, although children are identified as SED because of emotional and/or behavioral problems, the presence of specialized interventions to address these problems is inconsistent at best. P.L. 94-142 states that schools are responsible for providing such related services "as may be required to assist a handicapped child to benefit from special education." There remains, however, significant confusion about the concept of necessary 'related services' and the responsibility for providing them, and as a consequence the provision of such services, particularly in the mental health sphere, is inadequate (Friedman & Duchnowski, 1987).

## III. Service Systems and Coordination Issues

### Need for Coordination

There is general agreement that students with SED often require multiple services that involve many different agencies: e.g., education, mental health, child welfare, juvenile justice, and health. The Joint Commission on the Mental Health of Children

(1969) and the President's Commission on Mental Health (1978) both recommended that an integrated network of services be developed in communities to meet the needs of children and youth who are severely emotionally disturbed. In its 1986 Annual Report to Congress, the U.S. Department of Education noted that, "The population of SED students presents an extremely complex array of human service needs. These needs so often go beyond the need for special education, and may include counseling, therapy, residential requirements, and social service needs. Unless services for this population are coordinated across agencies and with professionals, the effectiveness of each component is jeopardized." The report further described improving services to students with serious emotional disturbance as "a complex service delivery challenge" because of the variety of types of services required by these students and the large numbers of agencies and providers involved.

Numerous studies (Knitzer, 1982; 1988; Friedman & Street, 1985; Stroul & Friedman, 1986; U.S. Congress, 1986) report that there is little effective coordination or collaboration in planning, administering, financing and/or delivering services among major child serving agencies. This lack of coordination leads to a fragmented service delivery system with gaps in services and inadequate case management. Different agency policies and mandates impose inconsistent definitions, eligibility requirements, funding mechanisms and treatment modalities. The result is that children with emotional disturbance and their families do not receive the services they need.

Too often children are institutionalized when less restrictive community-based services would be more effective. Recent experience has confirmed that intensive community-based services provided to the child and family can minimize the need for residential treatment or hospitalization and that these restrictive treatment settings are overutilized (Behar, 1984; Friedman & Street, 1985; Knitzer, 1982; Stroul & Friedman, 1986; Stroul & Goldman, 1988; U. S. Congress, 1986; Weithorn, 1988).

## Service Systems

A brief exploration of the major systems serving children with serious emotional disturbance, highlights the problems resulting from a lack of coordination and collaboration.

Estimates suggest that over a quarter of a million children are in out-of-home care under the auspices of the child welfare system, either placed in state custody by parental request or as a result of a court order (Knitzer, 1989). State custody occurs when a child is neglected or abused, when a parent seeks placement because of poor parent-child relationships, or sometimes by default, when more appropriate alternatives to help stressed families are not available (Knitzer, 1982). In most states, if a parent seeks child welfare funding for residential care for a child with serious emotional disturbance requiring such placement, child welfare agencies will often not assume financial responsibility without a transfer of custody (Fine & Friesen, 1988; Knitzer, 1982). Typically the child welfare system has placed children in foster care or group homes. Fortunately more home-based services, respite care and therapeutic foster or group homes are being developed through P.L. 96-272 funding and private sources such as the

Edna McConnell Clark Foundation and the Casey Foundation. Since many of these children have mental health and education problems, coordination between these two systems is essential.

The juvenile justice system is responsible for youth charged with status offenses or delinquent acts. Although there are no reliable national data on the numbers of children in the juvenile justice system (Knitzer, 1982), studies confirm that a high proportion of these youth have mental health problems and that they also present educational difficulties (Rutherford, Nelson, & Wolford, 1985). Services provided by the juvenile justice system usually include diagnostic evaluation, detention centers and special programs serving delinquent youth. Youth frequently move back and forth between the juvenile justice and mental health systems (U.S. Congress, 1986).

The mental health system is both a public and private system. However, both "systems", primarily because of reimbursement policies, typically provide outpatient services (a 50 minute treatment hour) or inpatient hospitalization, but not a range of services between these ends of the spectrum. Often, neither of these two service options is appropriate for youth with SED (Knitzer, 1982; U.S. Congress, 1986; Weithorn, 1988). Inpatient hospitalization, which is the most expensive form of treatment and often unduly restrictive, may be used only because it is the best of the available options. To access the private system, one must have medical insurance. If youth are in other systems such as child welfare, juvenile justice or special education there are really no mechanisms to insure that they get needed services. Thus, they are frequently "caught in the cracks" between jurisdictions. (Knitzer, 1982).

Through P.L. 94-142, the education system is required to pay for "related services," which include: "psychological services" and "medical and counseling services ... as may be required to assist a handicapped child to benefit from special education." This clause has become highly controversial. Interpretations of this phrase vary from state to state, and its ambiguity has had critical implications for the provision of counseling and therapy to children with emotional disabilities. The Supreme Court decision in Irving School District v. Tatro held that related services include all support services needed by a handicapped child during the school day if these services can be administered by someone other than a physician. To most mental health professionals this means a child can receive counseling and therapy services under EHA. But officials in communities report that few school systems are willing to provide extensive counseling.

When students with SED are under the jurisdiction of more than one agency it appears to have an adverse effect on their educational progress (NASDSE, 1984). This further suggests that service coordination problems impact upon program effectiveness.

Problems also arise within school systems attempting to provide coordinated services for students with SED. Many programs for students with SED are not able to adequately integrate educational and psychological services (Knoff, 1987). Often school psychologists, school counselors, and school social workers are used as gatekeepers to special education rather than deliverers of professional services. School systems have historically not adequately supported collaboration and mutual planning between school-based related services personnel and special educators (Lundquist, 1982). Knoff (1987) states that modeling such collaboration within the educational setting will increase the chances that school teams will better coordinate their services with other agencies serving students with SED and their families.

The health care system is often not considered as one of the major child serving systems for youth who are SED. But there is evidence to indicate that children with SED may have more health problems and medical needs than the general population (Eberly, Kutash, & Friedman, 1984; Stroul & Friedman, 1986). As Stroul and Friedman point out, "It is increasingly recognizable that physical health problems can contribute to, exacerbate or underlie emotional disturbance (Stroul & Friedman, 1986, p. 78). Consequently a closer working relationship with the health care system (including public and private providers and payers) is needed to ensure adequate services for children with SED. For example, the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program provides a vehicle to integrate health and mental health services for Medicaid eligible youth with SED. By law states are required to provide screening and diagnostic services to Medicaid-eligible children to identify "physical and mental defects" and to provide treatment to correct or improve any defects or conditions found. But the EPSDT benefit typically is not being used by states to serve children and adolescents with SED to the extent permitted by Federal law (Fox, 1987; Williams, 1988).

## Efforts to Promote Collaboration

In response to studies and reports by professionals and parents of fragmented services and treatment programs, efforts are being made at federal, state, and local levels to promote integration of services. The Federal Child and Adolescent Service System Program (CASSP), for example, provides grants to states as well as technical assistance and training to improve coordination among service systems and the availability of a comprehensive system of care for severely emotionally disturbed children and adolescents. Reports from states receiving grants indicate improvements in states through interagency planning bodies, joint funding of programs as well as development and expansion of community-based service options. A formal evaluation of the first ten grantees is planned this year. According to the OTA report, CASSP "incorporates a number of elements of an ideal system that have long been discussed. By focusing on the organization of services, it advances the goals of placing children in appropriate settings and having providers make treatment decisions based on clinical needs" (U.S. Congress, 1986, p.141).

Although empirical evidence is sparse (Baenan, Stephens, & Glenwick, 1986), there are indications that comprehensive, school-based programs, usually called "day treatment" are effective in serving children who are SED. For example, day treatment programs that combine mental health, special education, and family services have been demonstrated to be effective in keeping many youngsters out of residential care (Friedman & Street, 1985). Exemplary models of such programs are operating in many states (Update, 1985; U. S. Congress, 1986).

Collaborations between the schools and mental health centers have brought about programs that are not only effective but cost efficient as well.The Ventura County Children's Mental Health Demonstration Project provides an example on a community level of the benefits of interagency collaboration in reducing costs and expanding program and service options for a target population of severely disturbed youth (Ventura County Mental Health, 1987).

Interagency collaboration is universally promoted, and its status has been reviewed by several groups (Elder & Magrab, 1980; Huntze, 1988; Street, 1985). Yet, despite the agreement that there is a critical need for interagency efforts, there seems to be a consensus that the obstacles to effective collaboration efforts can be "an insurmountable barrier for all but the most dedicated" (Friedman & Duchnowski; 1987, p. 15). It is important, therefore, that the types of efforts described above be expanded in order to overcome the multiple barriers that obstruct effective coordination.

## IV. Personnel Shortages and Training Needs

### Teacher Shortages

There is a critical national shortage of teachers certified to teach pupils with serious emotional disturbances or behavior disorders. Smith-Davis, Burke, & Noel (1984) surveyed 54 jurisdictions in the U. S. and found that for 1982-83, 33 jurisdictions reported shortages of personnel to educate emotionally disturbed and behaviorally disordered pupils. These and other findings led the investigators to identify mild to severe emotional disturbance as the single most vulnerable program area in special education in terms of manpower needs. Their findings are confirmed in a subsequent follow-up in 1985-86, where 40 jurisdictions reported shortages of teachers for SED and SED was again identified as the area of greatest for special educators (McLaughlin, Smith-Davis & Burke, 1986). The U. S. Department of Education's data reveal even higher shortage figures for this same period. These data show that 43 states reported teacher shortages in SED in 1982-83 (U.S. Department of Education, 1985) and 42 states reported shortages of teachers for SED in 1983-84 (U.S. Department of Education, 1986). Shortages in special education teachers have gradually been worsening in recent years, but the shortages in personnel for instruction of students with behavioral or emotional disorders have increased more rapidly than in other areas of special education as is shown in Table 3 where data from the three most recent volumes of the Annual Report to Congress are summarized. In fact, personnel for instruction of students with emotional disturbance or behavior disorders is the largest shortage area in special education nationally and is second only to bilingual education in all of education in the United States (Akin, 1988).

### Endorsement waivers and emergency credentials.

Various studies have demonstrated that personnel shortage data often underestimate actual personnel needs (McLaughlin, Smith-Davis & Burke, 1986; Smith-Davis, Burke & Noel, 1984). Failure to account for retention and/or attrition rates and a host of other issues related to compliance with P.L. 94-142 (e.g., increasing class size or certain certification and waiver policies) may artificially reduce the apparent demand, inflate the apparent supply, or otherwise obscure the actual needs for qualified personnel (Smith-Davis, 1985).

The shortage of qualified teachers for students with SED is actually higher than indicated by any available data base because vacancies are often filled by unqualified personnel. In a recent study by Grosenick, et al (1987), 32% of the 126 school districts surveyed reported that some of their teachers hold emergency certification, and 6.6% reported that all of their SED teachers were less than fully certified. The true magnitude of the shortages in SED personnel, then, is not revealed in the "available position" data because large numbers of positions are filled with teachers who have little or no training in SED.

The high rate of attrition and the projected growth of the school age population suggest an impending shortage of direct service personnel. Citing 1988 data from the National Center for Education Statistics, the National Clearinghouse for Professions in Special Education notes: "During the coming decade, the total enrollment in the public schools is expected to increase by 9%, and 9% more teachers will be needed (whereas the total number of teachers increased by only 3% between 1977 and 1987)." (National Clearinghouse, 1988, p.1.). With the increase in general enrollments it can be assumed that the number of children with SED will increase as well, compounding the present shortage of special educators.

Personnel shortages are created, in part, by teacher burnout and attrition. Grosenick & Huntze (1980) found attrition rates among teachers of pupils with SED alarmingly high in their 1980 national study. Their report forecast, all too accurately, that in the coming years the demand for teachers of students with SED would outstrip the supply. Approximately 30% of teachers serving students with SED leave their positions after three to four years (Smith-Davis, Burke, & Noel, 1984). Compared with other areas in special education, "mild to severely emotionally disturbed is the single most vulnerable program area in special education where manpower is concerned" (Smith-Davis, Burke, & Noel, 1984, p. 52). This statement is confirmed in a 1988 study of attrition rates among educational personnel in Wisconsin. From 1986-87 to 1987-88, attrition was 5.8% among general educators, nearly twice as high at 11.6% for all categorical areas of special education, and 14.8% for teachers of students with behavioral or emotional disorders (Lauritzen, 1988).

Another factor which is related to increasing teacher shortages is the decline of academic degrees awarded to potential personnel. The National Clearinghouse for Professions in Special Education's (1988) analysis of annual data collected by the National Center for Education Statistics (NCES) showed that the numbers of bachelor's and master's degrees conferred in all areas of special education declined by an alarming 35% from 1980-81 to 1985-86, but the decline of degrees conferred in education of emotionally disturbed was even greater at 42% during the same period.

### Related Services Personnel Shortages

The four categories of school staff that are most likely to provide in-school mental health services to students with SED are school social workers, diagnostic staff, school psychologists, and counselors. In annual reports to Congress, the U.S. Department of Education reports the numbers of positions, both filled and vacant, deemed necessary to serve the nation's handicapped children and youth. These figures are not direct indications of the shortages of related services personnel to serve students with SED because (1) the personnel figures reported by the U.S. Department of Education indicate the numbers of personnel needed to serve all handicapped children, not solely those with SED and (2) the retention, attrition, and various compliance related issues noted in the above discussion of teacher shortages artificially diminish shortage data in related services as well. Moreover, school districts appear to purposefully limit the provision of related services. As indicated in a recent study of the costs of special education (Moore, in press) only one-third of the school systems surveyed provide pychological counseling and consultation.

Given these qualifiers, the data for school-based personnel shortages in four related services areas during 1983-84, 1984-85 and 1985-86, shown in Table 4, attached, indicate a significant increase in personnel needed.

There is scant research providing data on the shortages of community-based mental health personnel. However, policy studies (e.g., U.S. Congress, 1986; Knitzer, 1987) and professionals working in various capacities in the mental health field -- federal and state agencies, local service providers and universities -- indicate severe shortages of trained mental health staff. According to Paul Wohlford, Ph.D. Chief of Psychology Education Programs at the National Institute of Mental Health (NIMH), there is a generally inadequate supply of mental health workers in the United States, but the under-supply is particularly acute for child and adolescent services (Wohlford, 1989). Dr. Wohlford asserts that universities report shortages of faculty to teach the next generation of mental health personnel. Vacancies exist for faculty positions in child clinical psychology at numerous major universities. State and local agencies report difficulties in recruiting and retraining qualified staff. Staff turnover is high because of noncompetitive salaries, stressful jobs and burnout. There have been numerous calls to conduct research to document the severity of these problems and gain a better understanding of the contributing factors.

## V. Issues Pertaining to Ethnic and Culturally Diverse Children

There is considerable agreement that differential treatment is provided to minority children in various service systems or by various public agencies with responsibility to serve them (Cummins, 1986; Dana, 1984; Katz-Leavy, Lourie, & Kaufmann, 1987; Oritz & Maldonado-Colon, 1986; Stehno, 1982). A Black adolescent who is seriously emotionally disturbed (SED), for example, is more likely to end up in the juvenile justice system rather than in the mental health treatment setting to which his Caucasian counter part would be referred (Comer & Hill, 1985; Hawkins & Salisbury, 1983). Black children are more likely to be diagnosed seriously emotionally disturbed by schools than their Caucasian counterparts (Cross, et.al.,1989). A Native American child with SED is more likely to go without treatment or be removed legally and geographically from his family and tribe (Berlin, 1982; Shore, 1978), while an Asian SED child will likely never come to the attention of the mental health system (Chin, 1983).

These assertions are supported by the patterns of disproportionate and differential minority representation among school aged children identified as SED in the 1986 Office of Civil Rights data shown in Table 5, attached. These data show that American Indians and Hispanics are somewhat underrepresented; Asians are significantly underrepresented; and Blacks are clearly *over*represented in SED programs for students with serious emotional disturbance.

Differences in majority and minority culture are frequently offered as an explanation for disproportionate minority representation in SED. The fact that Blacks comprised 16% of public school enrollment, but represented 27% of all students in SED classes (see Table 5), according to Professor Bruce Hare, is understandable because the high physical and verbal activity of Black males is not understood or accepted by the population of elementary school teachers (the majority of whom are White females in the U.S.). The result is a high placement of Black males in classrooms for children with serious emotional disturbance. Similar culturally-based explanations can be offered to account for different placement rates among other minorities as well.

Insufficient attention has been paid to understanding the culture-specific characteristics of racial and ethnic minority group members as a means of clarifying needs and planning services in mental health and special education (Dawkins, Dawkins & Terry, 1979). Cultural traits, behaviors, and beliefs are likely to be interpreted as dysfunctions to be overcome (Cross, et. al., 1989). Lack of understanding of cultural differences can lead to potential misidentification and the differential placement rates described above. Additionally, many professionals and parents stress that cultural insensitivity leads to inappropriate treatment as well. McRoy, Sharkey and Garcia (1985), for instance, argues that for many there is a parallel system of care that is based, on culture and community. Many professionals have unrealistic fears of their minority clients and stereotypical ideas of their lives (Chin, 1983).

There are a number of research, policy and training issues that affect service delivery for minorities.

## Research Issues

One problem that contributes to the state of services for minority children is the lack of research. A wide variety of subject areas need attention, including: the frequency and character of emotional disturbances, etiology, evaluation of treatment approaches, influence of cultural bias in testing, and the impact of bi-cultural existence on mental health. There is a lack of clarity regarding how many minority children there are with emotional disorders and what kinds of services they receive. Not enough is currently known about the range of programs offered and their effectiveness (Knitzer, 1982). Current research too often fails to consider culture as a variable.

## Policy Issues

Numerous policy issues affect service delivery to minority children who are emotionally handicapped.

The widespread, out-of-home placement for minority children in nonminority homes continues to be a problem. Despite the Indian Child Welfare Act, for example, Indian children continue to be placed in out-of-home care at high rates. Transracial placement has become a major mental health issue for minority children, in general, who suffer from difficulties with identity formation, inadequate coping skills and loss of support systems (Shore, 1978; Berlin, 1978).

Another policy area that remains a problem for Indian children is that of jurisdiction. Children with emotional disabilities often remain in limbo without treatment because the Indian Health Service (IHS), the Bureau of Indian Affairs (BIA), states, counties, and tribes cannot determine who is responsible for the cost of care (Cross, 1986).

Some states and counties are increasingly reliant on contracted services to provide mental health services to children with emotional disorders. Minority children have consistently been underrepresented in private agencies and hospitals whose services are designed to meet the needs of the dominant society (Barrera, 1978; Gallegos, 1982; Gary, 1987; Meinhardt & Vega, 1987). Little has been done in the area of contracting to assure that the private sector is equipped to effectively serve the minority child.

## Training Issues and Minority Recruitment Issues

The training of mental health professionals to work with minority children and youth has been problematic in at least two ways. There is a shortage of trained minority persons to work in the field (Gallegos, 1982; Hopps, 1988 Korchin, 1980; Sanders, 1974) and the existing curricula for mental health providers inadequately addresses the needs of minority communities (Lum, 1986). The importance of training that addresses methods of providing services within a cultural context has been recognized by special education and school psychology and is a prominent, professional standard used in the accreditation of training programs in these fields. (National Council for Accreditation of Teacher Education, 1987)

Cross-cultural practice has not been institutionalized in most professional schools to the extent necessary (Green, 1982; Hopps, 1988; Kumabe, Nishida & Hepworth, 1985; LaFromboise & Plake, 1984; LaFromboise, 1988). Where progress has been made, content has focused on the development of cultural knowledge about specific groups rather than on understanding culture and its function in human behavior. The field lacks standards to guide education in this area and it lacks incentives for the development of cross-cultural skills. Although relevant professional standards exist in special education, minority recruitment of new personnel is especially problemat. (Baca & Chinn, 1982).

## VI Parent Issues

Parent members of the Coalition were actively involved in the development of this section concerning the current state of practice and many of their concerns are represented throughout this document. Parents and families of children with serious emotional disturbance, however, face many unique challenges that cannot be documented by existing data. For this reason, parent members of the Coalition have prepared the following statement on parent issues.

Many parents of children with disabilities do not have the knowledge, skills, time and/or energy to effectively advocate for their children's educational needs. Parents whose children are labeled Seriously Emotionally Disturbed (SED) are no exception.

It is significant to note that these children are usually involved with one or more of the child serving systems. More often than not, regardless of whether they have the knowledge, skills, time and/or energy, many parents have to assume the role of case manager, learning by a trial and error process how to negotiate multiple service delivery systems/agencies including special education, mental health, juvenile justice and child welfare. Parents find they have to cope with uncoordinated service systems (one system doesn't know what the other system is doing), that their children are bounced from agency to agency and there is the ever present dilemma of "which system will provide and which system will pay". For example, PL 94-142 requires the development of an individualized eduction program (IEP) that specifies educational and related services for each child. However, because of the continuing lack of clarification as to what a related service is, and whether mental health services are considered a related service, many children labeled SED continue to go unserved, underserved or inappropriately served. These and other issues stated above, leave parents feeling overwhelmed, frustrated angry and emotionally drained.

Families with children with serious emotional disturbance may feel isolated from other families, even families with other special needs children. This isolation is based on several factors. Identification and eligibility for special services is sometimes unclear and imprecise. For those students who have been found eligible for services under the Education of the Handicapped Act, difficulties may continue. Facilities for children with serious emotional disturbance, including school programs, are often complicated to identify and to access. The IEP may arrange for the student to attend class in another building, in another school district or possibly in another state. Students' IEPs could call for service provision by several agencies, such as therapy from the mental health department or at a private facility. Additionally, unlike most other disability special interest areas, there is no nationally organized family support group. Representation in policy issues, public hearings or in local school districts becomes the personal responsibility of the immediate family/families. The frustration of accepting the situation "as is" or personally "taking on" the system is more than most people can handle.

In cases where the student requires hospitalization, educational services are provided privately or by another school district. Arrangements can again be complicated, not only in establishing educational services but also in transferring back to the home district. Attitudes towards families who place children in residential facilities can be critical. There seems to be a prevalent opinion that families who place their child in residential care have somehow deserted them. Support is often withdrawn just when it is most needed.

It is common knowledge that public schools are not well prepared to handle students whose behavior is either disruptive or otherwise outside the acceptable standards of their staff and student body. Additionally, many people are afraid of individuals labeled "emotionally disturbed" and this fear makes both teachers and classmates uncomfortable with the student labeled SED. The entire family is at risk of being ostracized.

It is in this climate that the family, school and mental health professionals are making decisions which may have a lifelong impact on the student and his entire family. Without advocates, support teams and readily available information, these decisions are difficult if not impossible to responsibly make.

Families may therefore be reluctant to have their child identified as seriously emotionally disturbed, since to do so is to accept inevitable rejection and confusion of service delivery. The emotional and time commitments which accompany this label need to be seriously considered. If the family, already under stress, is to take on the role of case manager, they must still be strong and able to put in the time away from other responsibilities that this role requires.

It is perhaps for this reason, that many children with serious emotional disturbance are either unserved or labeled something else. With the practice of primary handicapping condition indicating service delivery, students who are incapable of keeping up with the academic aspects of education may be labeled Learning Disabled, and then not receive any mental health services. Additionally, children with significant other handicapping conditions, both physical and/or cognitive, but with mental health needs, may receive no mental health services at all. Perhaps the crux of this problem lies in the indecision over whether or not mental health programs are legitimate related services. For the family trying to negotiate the special education system, the confusion and complexity can be a disincentive to finding the help their child needs.

Another important consideration is the noticeable absence of routine mental health screening. All children in the public school system regularly are screened for vision, hearing and current vaccinations. Obviously, the philosophy here is that a child with impaired hearing, poor vision or who is susceptible to common childhood illnesses will be at risk of educational difficulties. It is unclear why mental health is apparently not considered a potential detriment to learning sufficient to merit the development of a screening method. Once again, such screening becomes the responsibility of the family.

The whole area of related services can become part of the confusion for students with serious emotional disturbance. To what extent is counseling, psychological therapy and even hospitalization considered a related service? Are behavior programs related services? Can a student, eligible for special services but not labeled SED, access these services? This is an unclear area which adds to the family's confusion and service delivery complications.

For those children who are functioning on grade level, and who frequently have never been found eligible for special education, who are asked (either through suspension or other disciplinary systems) to stay home, home-bound instruction becomes yet another issue for families to negotiate. The concept of least restrictive environment is certainly an immediate area of concern and confusion. The stigma of being told to leave the school and the quality of instruction outside the school are major obstacles to educational success for a student already disabled by emotional disturbance.

While the debate continues over definition and scope of services for students with serious emotional disturbance, the unique aspects of their difficulties need to be considered. Unlike children with a wide variety of disabling conditions, these students are stigmatized by fear, confusion and interagency controversy over whose problem this is. Families of such children, rather than receiving the empathy of their friends and service providers are often considered part of the problem and part of the failure, as exemplified by eligibility screening and services which require the parents/caregivers to be examined along with the child.

## RECOMMENDATIONS FOR CONGRESSIONAL ACTION RELATING TO THE REAUTHORIZATION OF THE DISCRETIONARY AUTHORITIES UNDER THE EDUCATION OF THE HANDICAPPED ACT

Addressing the problems we have identified will require significant policy activity at all levels of government across a wide variety of agencies. We recognize that these hearings today are not the only forum in which to address all federal policy issues. Thus we will limit our recommendations, at this time, to the significant role that the discretionary program authority under EHA can play in helping to improve the provision of special education and related services to students with serious emotional disturbances.

### 1. New Discretionary Program

There are presently no discretonary resources under EHA targeted or available to be targeted at assisting and encouraging the field to resolve the problems relating to serving children and youth with serious emotional disturbances. We believe the magnitude of the problems we have discussed earlier in this statement warrant the initiation of a new and discrete program in order to establish a systematic initiative which will significantly increase our knowledge base on how to better educate these children.

We therefore recommend that the Congress amend Part C to add the following new section:

"Services for Children with Serious Emotional Disturbance

Sec. 628 The Secretary is authorized to make grants to institutions of higher education, state educational agencies, local educational agencies, or other appropriate public and private nonprofit institutions or agencies to improve special education and related services to seriously emotionally disturbed children and youth, including:

(a)(1) Studies regarding the present state of special education and related services to such children and their families including the establishment and maintenance of data bases for assessing the status of such services over time.

(2) Projects to develop methodologies and curricula designed to improve special education and related services programming.

(3) Projects to develop and demonstrate strategies and approaches to reduce the use of out of community residential programs and the increased use of school district based programs (which may include, but are not limited to, day treatment programs, after-school and summer programs).

(4) Projects to develop the knowledge, skills and strategies for effective collaboration among special education, regular education, related services, and other professionals and agencies and demonstration projects in this regard.

(5) Projects to demonstrate innovative approaches to assist children with emotional and behavioral problems from developing serious emotional disturbances that require the provision of special education and related services.

(6) Knowledge synthesis and dissemination activities.

(b) In making grants under this section, the Secretary shall give priority to projects and activities which address in whole or in part the needs of ethnically and culturally diverse children and their families.

(c) There are authorized to appropriated to carry out Section 628 $15,000,000 for FY 1990, and such sums as may be necessary for FY 1991 and FY 1992.

## Use of Residential Programs

The extensive use of out of community residential placements for children and youth with serious emotional disturbances suggests the need for a more careful examination of the reasons for such placement decisions and the degree to which such children and youth return to the community. It is important that such placements be used only when they are the most appropriate setting for a child, and that institutional placements not be used as a substitute for appropriate community services.

We therefore recommend an amendment to Section 618, as follows:

Amend Section 618(a) (Evaluation) to include the following special study:

> At least one study shall examine the extent of utilization of out of community residential programs for seriously emotionally disturbed children and youth, the factors that influence such placement decisions, the extent to which such children and youth transition back to educational programs in their communities and the factors which facilitate or impede such transition.

## Priorities with Respect to Personnel Preparation

We recognize that there exists serious shortages of special education and related services personnel to serve all students with handicaps. These present and projected future shortages seriously undermine our nation's capability to appropriately serve these students. We support efforts in this reauthorization to address this problem. Because of the particularly severe shortage of personnel to work with students with serious emotional disturbances we recommend that Congress include in report language concerning Section 631 the following:

> In awarding grants under this section, the Secretary shall establish a priority for the preparation of special education and related services personnel to serve students with serious emotional disturbances.

## Priorities with Respect to Research

Evidence suggests that there is a serious lack of ongoing programmatic research and demonstration activities designed to improve the knowledge of the field regarding the provision of special education and related services to children and youth with serious emotional disturbances. Reports suggest that this lack of knowledge is an impediment to the provision and improvement of such services. We therefore recommend that Congress include in report language concerning Section 641 the following:

> In awarding grants under this section, the Secretary shall establish a priority program of research and demonstration activities which in whole or in part focus on improving the provision of special education and related services to children and youth with serious emotional disturbances.

## Parent Training and National Clearinghouse

We are concerned that parent training programs authorized under Section 631(c) and the various National Clearinghouses authorized under Section 633 are not adequately addressing the needs of students with serious emotional disturbances, their families or the professionals who serve them. Our concern is not directed at the persons and agencies that run these programs, for we understand the limited resources they have to work with. We also recognize that the problems in addressing the populations we are concerned about are often complex and require unique knowledge and activity. We urge the Congress to attend to the resource needs of these national efforts and within that context provide guidance to assure equitable and appropriate attention to issues pertaining to children and youth with serious emotional disturbance.

We appreciate that the Subcommittee has made the problems regarding provision of special education and related services to children and youth with serious emotional disturbance a focus of these hearings. We hope our testimony and recommendations will be helpful as you address this most important issue. The members of the Coalition extend their willingness to assist you in this regard.

## REFERENCES

Akin, J.N. (1988). 1988 Teacher supply/demand report. Addison, IL: Association for School, College and University Staffing.

Albrecht, H., Flook, W., Salvagno, M. Simmons, J. & Woodman, S. (1988). *Seriously emotionally disturbed: Guidelines for determining eligibility*. Baltimore: Maryland School Psychologists Association.

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, D.C.: Author (Revised, 1987).

Baca, L. & Chinn, P. (1982). Coming to grips with cultural diversity. *Exceptional Education Quarterly*, *2* (4)

Baenan, R., Stephens, M., & Glenwick, D. (1986). Outcome in psychoeducational day school programs: A review, *American Journal of Orthopsychiatry*, *56*, 263-271.

Barnes, T.R., & Forness, S.R. (1982). Learning characteristics of children and adolescents with various psychiatric diagnoses. *Behavioral Disorders Monograph*, *5*, 31-41.

Barrera, M. (1978). Mexican-American mental health service utilization: A critical examination of some proposed variables. *Community Mental Health Journal*, *4* (1), 35-45.

Bazron, B. (1989). The minority severely emotionally disturbed child: Considerations for special education and mental health services. Washington, D.C.: CASSP Technical Assistance Center, Georgetown University.

Beare, P.O. & Lynch, E.C. (1986). Underidentification of preschool children at risk for behavioral disorders. *Behavioral Disorders*, *11*, 177-183.

Berlin, I.N. (1982). Prevention of emotional problems among native american children: Overview of developmental issues. *Journal of Preventive Psychiatry*, *1*(3), 330.

Brandenburg, N.A., Friedman, R.M., & Silver, S. (1987). *The epidemiology of childhood psychiatric disorders: Recent prevalence findings and methodologic issues*. Tampa: Florida Mental Health Institute.

Center, D.B. & Obringer, J. (1987). A search for variables affecting underidentification of behaviorally disordered students. *Behavioral Disorders*, *12*, 169-174.

Chin, J.L. (1983). Diagnostic considerations in working with Asian-Americans. *American Journal of Orthopsychiatry*, *53* (1), 100-109.

Comer, J.P., & Hill, H. (1985). Social policy and the mental health of black children. Journal of the American Academy of Children Psychiatry, 24 (2), 175-181.

Cross, T. (et al) (1989). Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed. Washington, D.C.: CASSP Technical Assistance Center, Georgetown University.

Cullinan, D. & Epstein, M.H. (1986). Legal decisions and appropriate education of seriously emotionally disturbed (SED) students. The Journal of Special Education, 20, 265-272.

Fine, G. & Friesen, B.J. (1988, December). Relinquishing custody as a means of obtaining services. Paper presented at Next Steps: A National Family Agenda for Children Who Have Emotional Disorders, Arlington, VA.

Forness, S.R., Sinclair, E., & Russell, D. (1984). Serving children with emotional or behavioral disorders: Implications for educational policy. American Journal or Orthopsychiatry, 54, 22-32.

Forness, S.R. (1985). Effects of public policy at the state level: California's impact on MR, LD, and ED categories. Remedial and Special Education, 6, 36-43.

Forness, S.R. (1988b). School characteristics of children and adolescents with depression. Monographs in Behavioral Disorders, 10, 177-203.

Fox, H.B. (1987). An explanation of medicaid and its role in financing treatment for severely emotionally disturbed children and adolescents. Washington, D.C.: Georgetown University, CASSP Technical Assistance Center.

Friedman, R. & Street, S. (1985). Admission and discharge criteria for children's mental health services: A review of issues and options. Journal of Clinical Child Psychology, 14, 229-235.

Friedman, R. M., & Duchnowski, A. J. (1987, Summer). Severely emotionally disturbed children and P.L. 94-142. Division of Child, Youth, and Family Services Newsletter, American Psychological Association, 10(3), 3 & 15.

Friedman, R., Silver, S., Duchnowski, A., Kutash, K., & Eisen, M. (1988). Characteristics of children with serious emotional disturbances identified by public systems as requiring services. Tampa: Florida Mental Health Institute.

Gallegos, J.S. (1982). Planning and administering services for minority groups. In J.J. Austin & W.E. Hershey, (Eds). Handbook on mental health administration: The middle manager's perspective. San Francisco: Jossey-Bass.

Gary, L.E. (1987). Attitudes of Black adults toward community mental health centers. *Hospital and Community psychiatry*, *38* (10), 1100-1105.

Green, J.W. (Ed) (1982). *Cultural awareness in the human services*, Englewood Cliffs, N.J.: Prentice Hall.

Grosenick, J. K., & Huntze, S.L. (1980). National needs analysis in behavioral disorders: Severe behavior disorders, Columbia, MO: University of Missouri - Columbia, Department of Special Education.

Grosenick, J., George, M.P., & George, N.L. (1987). A profile of school programs for the behaviorally disorderes: Twenty years after Morse, Cutler, and Fink. *Behavioral Disorders*, *12*, 159-168.

Hawkins, J.D. & Salisbury, B.R. (1983). Delinquency prevention programs for minorities of color. *Social Work Research and Abstracts*, *19* (4), 5-12.

Hopps, J. (1988). Deja-vu or new view? *Social Work*, *33* (4), 291-92.

Huntze, S. (1988). Cooperative interface of schools and other child care systems for behaviorally disordered students. In M. Wang, M.C. Reynolds & Walberg (Eds.). *Handbook of Special Education (Volume 2)*, (pp. 195-217). New York: Pergamon Press.

Joint Commission on the Mental Health of Children (1969). *Crisis in child mental health*. New York: Harper & Row.

Katz-Leavy, J., Lourie, I.S., & Kaufmann, R. (1987). Meeting the mental health needs of severely emotionally disturbed minority children and adolescents: A national perspective. *Children Today*, *16* (5), 10-14.

Kauffman, J. (1989). *Characteristics of behavior disorders of children & youth* (4th Edition). Columbus, OH: Charles Merrill.

Knitzer, J. (1987). Prepared statement before U.S. House of Representatives Select Committee on Children, Youth, and Families, Hearings on "Children's Mental Health: Promising Responses to Neglected Problems." U.S. Government Printing Office, Washington, D.C.

Knitzer, J. (1988). Policy perspectives on the problem. In J. G. Looney (Ed.). *Chronic mental illness in children and adolescents*. (pp. 53-71). Washington, D.C.: American Psychiatric Press.

Knoff, H. (1987). Organizational, operational, and instructional best practices in effectively serving behaviorally and emotionally handicapped students. Paper presented at 1987 South Carolina Department of Education Symposium on Educationally Handicapped Students. Columbia, South Carolina.

Kokaska, C., & Cook, L.H. (1983). Career development and behavior disorders: A review of definitions and concepts. In A. Fink, C. Kokaska, L. Cook, D. Eyde, &. Sitlington (Eds.), Career development for behaviorally disordered individuals, (pp. 10-25). Reston, VA: Council for Exceptional Children.

Korchin, S.J. (1980). Clinical psychology and minority problems. American Psychologist, 35 (3), 262-269.

Kumable, K.T., Nishida, C., & Hepworth, D.H. (Eds) (1985). Bridging ethnocultural diversities in social work and health. Honolulu: University of Hawaii School of Social Work.

LaFromboise, T.D. & Plake, B.S. (1984). A model for the systematic review of mental health research: American Indian family, a case in point. White Cloud Journal, 3 (3), 44-52.

LaFromboise, T.D. (1988). American Indian mental health policy. American Psychologist, 43 (5), 388-397.

Lauritzen, P. (1988). Federal CSPD Assessment Project manpower studies. Whitewater, WI: University of Wisconsin-Whitewater, Department of Special Education.

Lum, D. (1986). Social work practice and people of color: A Process-Stage Approach. Monterey, CA: Brooks/Cole Publishing.

Lundquist, G.W. (1982). Needs assessment in organizational development. In C.R. Reynolds & T.B. Gutkin (Eds.), The handbook of school psychology, (pp. 936-968). New Jork: John Wiley.

McLaughlin, M. J., Smith-Davis, J., & Burke, P.J. (1986). Personnel to educate the handicapped in America: A status report. College Park, MD: University of Maryland, Institute for the Study of Exceptional Children and Youth.

Morse, W.C., Cutler, R.L. & Fink, A.H. (1964). Public school classes for the emotionally handicapped: A research analysis. Washington, D.C.: Council for Exceptional Children.

McRoy, R.G., Shorkey, C.L. E. & Garcia, E. (1985). Alcohol use and abuse among Mexican Americans. In E. Freeman, (Ed). Social Work Practice with Clients Who Have Alcohol Problems. Springfield: Charles C. Thomas.

Meinhardt, K. & Vega, W. (1987). A method for estimating underutilization of mental health services by ethnic groups. Hospital and Community Psychiatry, 38 (11) 1186-1190.

Moore, M. (In press). Patterns in special education service delivery and cost. Washington, D.C.: Decision Resource Corp.

NASDSE/Forum (1984). Personal Communications.

National Council for Accreditation of Teacher Education (1987). NCATE approved guidelines. Washington, D.C.: Author.

National Clearninghouse for Professions in Special Education. (1988). Personnel Supply and Demand: A context for Special Education. Reston, VA: Council for Exceptional Children.

Ortiz, A.A., & Maldonado-Colon, E. (1986). Reducing inappropriate referrals of language minority students in special education. In A.C. Willig, & H.F. Greenburg, (Eds.), Bilingualism and Learning Disabilities: Policy and Practice for Teachers and Administrators, American Library.

Peterson, R. (1986). Inclusion of socially maladjusted children and youth in the legal definition of the behaviorally disordered population: A debate. Behavioral Disorders, 11, 213-222.

President's Commission on Mental Health (1978). Report of the sub-task panel on infants, children and adolescents. Washington, D.C.: U.S. Government Printing Office.

Robert Wood Johnson Foundation (1988). Serving handicapped children: A special report. Princeton, N.J.: Author.

Rutherford, R.B., Jr., Nelson, C.M., & Wolford, B.I. (1985). Special education in the most restrictive environment: Correctional/special education. Journal of Special Education, 19, 59-71.

Sanders, D.S. (1974). Educating social workers for the role of effective change agents in a multicultural, pluralistic society. Journal of Education for Social Work, 10 (8), 86-91.

Shore, J.H. (1978). Destruction of Indian families: Beyond the best interests of Indian children. White Cloud Journal, 12 (2), 13-16.

Silver, L.B. (1988). The scope of the problem in children and adolescents. In J.G. Looney (Ed.). Chronic mental illness in children and adolescents. (pp 39-52). Washington, D.C.: American Psychiatric Press.

Silver, S., Friedman, R., Duchnowski, A., Kutash, K. (1989). Findings from the national adolescent and child treatment study of seriously emotionally disturbed: implications for assessment and delivery of care. Tampa: Florida Mental Health Institute.

Sinclair, E., Forness, S.R., & Alexson, J. (1985). Psychiatric diagnosis: A study of its relationship to school needs. Journal of Special Education, 19, 333-344.

Smith, C.R., Wood, F.H. & Grimes, J. (1988). Issues in the education of behaviorally disordered students. In M.C. Wang, M.C. Reynolds, and H.J. Walberg (Eds), *The handbook of special education: Research and Practice*, (Vol. 2). Oxford, England: Pergamon Press, Ltd.

Smith-Davis, J., Burke, P.J., & Noel, M. (1984). *Personnel to educate the handicapped in America: Supply and demand from a programmatic viewpoint*. College Park, MD: Institute for the Study of Exceptional Children and Youth, Department of Special Education, University of Maryland.

Smith-Davis, J. (1985). Testimony before the House Select Subcommittee on Education and labor with respect to personnel preparation needs for the Education of the Handicapped.

SRA Technologies (1985). Special study on terminology. Washington, D.C.: U.S. Department of Education.

Stehno, S.M. (1982). Differential treatment of minority children in service systems. *Social Work*, *27* (1), 39-46.

Stroul, B. (1988). *Series on community based services for children and adolescents who are serverely emotionally disturbed. Vol. I. Homebased services*. Washington, D.C.: Georgetown University CASSP Technology Assistance Center.

Street, S. (1985). Collaboration between education and mental health in serving emotionally disturbed children: An annotated bibliography. Unpublished manuscript. Florida Mental Health Institute, Tampa, FL.
Stroul, B. A., & Friedman, R. M. (1986). A system of care for severely emotionally disturbed children and youth. Washington, D.C.: Georgetown University Child Development Center.

Taylor-Gibbs, J. (1988). Young Black males in jeopardy: Risk factors and intervention strategies. *Issue Brief*, No. 494. Washington, D.C.: National Policy Forum.

U.S. Department of Education (1988). *Tenth annual report congress on the implementation of the education of the handicapped act*. Washington, D.C.: Office of Special Education.

U.S. Department of Education (1987). Ninth annual report to congress *Tenth annual report congress on the implementation of the education of the handicapped act*. Washington, D.C.: Office of Special Education.

U.S. Department of Education (1986). Eighth annual report to congress *Tenth annual report congress on the implementation of the education of the handicapped act*. Washington, D.C.: Office of Special Education.

U.S. Department of Education (1985). Seventh annual report to congress *on the implementation of the education of the handicapped act*. Washington, D.C.: Office of Special Education.

U.S. Congress, Office of Technology Assessment (1986). Children's mental health: Problems and services--A background paper. U.S. Government Printing Office, Washington, D.C.

Ventura County Mental Health Services (1987). A report and commentary on the Ventura model for children's mental health services. Ventura, CA: Author.

Weithorn, L.A. (1988). Mental hospitalization of troublesome youth: An analysis of skyrocketing admission rates. Stanford Law Review, 40, 773-838.

Williams, S. (1988). Using medicaid to increase funding for home - and community-based mental health services for children and youth with severe emotional disturbances. Washington, D.C.: Georgetown University CASSP Technical Assistance Center.

Wood, F.H. (1987). Issues in the education of behaviorally disordered students. Monographs in Behavioral Disorders, 9, 15-26.

Wood, F.H., Smith, C.R. and Grimes, J. (Eds.) (1985). The Iowa assessment model in behavioral disorders: A training manual. Des Moines: Iowa Department of Public Instruction.

Table 1. **Percent of Handicapped Children and Youth Served in Seven* Educational Enviornments by Handicapping Conditions During School Year 1985-1986**

| Handicapping Condition | Regular Class | Resource Room | Separate Class | Separate School Facility | Residential Facility | Correctional Facility | Homebound/ Environment |
|---|---|---|---|---|---|---|---|
| Learning Disabled | 15.29 | 61.80 | 21.05 | 1.47 | .09 | 0.23 | 0.09 |
| Speech or Language Impaired | 66.26 | 25.55 | 5.54 | 2.33 | .20 | 0.04 | 0.19 |
| Mentally Retarded | 3.06 | 25.29 | 55.81 | 12.03 | .41 | 0.27 | 0.41 |
| Emotionally Disturbed | 8.85 | 33.78 | 35.88 | 12.32 | 2.33 | 1.68 | 2.33 |
| Hard of Hearing and Deaf | 18.72 | 21.02 | 34.62 | 13.31 | .59 | 0.12 | 0.59 |
| Multihandicapped | 4.06 | 15.25 | 43.23 | 28.58 | 3.52 | 0.33 | 3.58 |
| Orthopedically Impaired | 25.62 | 16.14 | 32.03 | 17.18 | 7.90 | 0.09 | 7.90 |
| Other Health Impaired | 25.88 | 18.79 | 25.77 | 7.80 | 17.74 | 0.19 | 17.74 |
| Visually Handicapped | 31.48 | 24.00 | 19.44 | 12.37 | 1.37 | 0.11 | 1.37 |
| Deaf-Blind | 6.55 | 17.68 | 23.30 | 15.10 | 1.36 | 0.04 | 1.36 |
| All Conditions | 26.26 | 41.39 | 24.49 | 5.43 | 1.34 | 0.31 | 0.79 |

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* Distinctions between public and private settings have been eliminated for "Separate School Facility" and "Residential Facility".

**Table 2. Percent of Students With Handicaps 16-21 Years Old Graduating or Dropping Out from the Educational System in the U.S. and Insular Areas During the 1985-86 School Year**

| | Graduated With Diploma or Certificate | Dropped Out |
|---|---|---|
| Learning Disabled | 62.31 | 25.63 |
| Speech or Language Impaired | 62.71 | 17.71 |
| Mentally Retarded | 62.68 | 24.00 |
| Emotionally Disturbed | 42.20 | 40.74 |
| Hard of Hearing and Deaf | 74.99 | 13.12 |
| Multihandicapped | 52.74 | 17.69 |
| Orthopedically Impaired | 72.46 | 14.51 |
| Other Health Impaired | 50.84 | 30.86 |
| Visually Handicapped | 71.76 | 12.43 |
| Deaf Blind | 56.35 | 7.18 |
| All Conditions | 59.82 | 26.29 |

**Table 3. Teacher Shortages* in special education (all categories) and Seriously Emotionally Disturbed for School Years 1983-84, 1984-85, and 1985-86**

| | 1983-84 | 1984-85 | 1985-86 |
|---|---|---|---|
| Special Education (All Categories) | | | |
| Employed | 264,894 | 274,519 | 291,954 |
| Needed | 17,103 | 22,852 | 27,474 |
| Shortage | 6.5% | 7.7% | 8.6% |
| Seriously Emotionally Disturbed | | | |
| Employed | 28,225 | 32,027 | 32,774 |
| Needed | 2,798 | 4,322 | 4,701 |
| Shortage | 9.0% | 11.9% | 12.5% |

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* Shortages express the reported needs as a percentage of the total number of teaching positions reported (i.e. the number of employed plus the number needed).

**Table 4. Mental Health/Related Services Staff Shortages for School Years 1983-84, 1984-85, and 1985-86**

| | 1983-84 | 1984-85 | 1985-86 |
|---|---|---|---|
| **School Social Workers** | | | |
| Employed | 7,586 | 8,027 | 7,833 |
| Needed | 758 | 397 | 542 |
| Shortage | 9.08% | 4.7% | 6.5% |
| **Psychologists** | | | |
| Employed | 14,811 | 16,249 | 16,313 |
| Needed | 1,491 | 586 | 997 |
| Shortage | 9.14% | 3.5% | 5.8% |
| **Counselors** | | | |
| Employed | -- | 6,284 | 6,808 |
| Needed | -- | 158 | 262 |
| Shortage | -- | 2.5% | 3.7% |
| **Diagnosticians** | | | |
| Employed | 6,562 | 6,790 | 8,624 |
| Needed | 1,248 | 344 | 745 |
| Shortage | 16.0% | 4.8% | 7.95% |

Table 5. Department of Education, Office for Civil Rights
1986 Elementary and Secondary School Civil Rights Survey
National Summary of Projected Data

| | Am Ind | Asian | Hisp | Black | Minority | White | Total |
|---|---|---|---|---|---|---|---|
| **Enrollment** | | | | | | | |
| Number | 355,796 | 1,157,921 | 4,063,775 | 6,621,964 | 12,199,456 | 28,956,580 | 41,156,036 |
| Percent | 0.9 | 2.8 | 9.9 | 16.1 | 29.6 | 70.4 | 100.0 |
| **Seriously Emotionally Disturbed** | | | | | | | |
| Number | 1,925 | 1,258 | 18,537 | 68,969 | 90,689 | 166,587 | 257,276 |
| Percent | 0.7 | 0.5 | 7.2 | 26.8 | 35.2 | 64.8 | 100.0 |

Senator HARKIN. Thank you, Dr. Forness.

Dr. Palfrey is a pediatrician from Children's Hospital in Boston. She recently directed a multiyear study of Public Law 94-142 for the Robert Wood Johnson Foundation. I understand that Dr. Palfrey runs a program in Massachusetts to enhance the access to special education for children with disability or chronic health problems that require some health-related services.

Welcome to the subcommittee.

Dr. PALFREY. Senator Harkin, I am very delighted to be invited here today to discuss the discretionary programs under Public Law 94-142. As you said, I am a pediatrician who serves as the Chief of the Division of Ambulatory Pediatrics of Children's Hospital in Boston.

Today, I would like to discuss a new problem on the horizon for which the discretionary programs may be able to provide a number of extremely important answers, and I want to recognize the Chairman's leadership in this area.

When I came to the Children's Hospital 15 years ago, it was an unusual event to see a child with medical technology dependency needs anywhere except on the wards of the hospital. But today when I walk through the lobby of the Children's Hospital, it is very common to see little babies with nasal catheters in their nose, with oxygen being provided through little portable packs that their mothers can carry on their shoulder. Just yesterday, as I was leaving the hospital, I saw a child with tubing coming right out of his stomach that the mother was taking home and she would be feeding him through that tubing. He probably would not be receiving much at all through his mouth.

These children are alive and surviving their chronic illnesses because of medical technology, and there is every reason to believe that their numbers are growing. Many of us in this room are wearing technological devices of one sort or another. We are now comfortable with glasses, hearing aids, pacemakers. Increasingly in society, we are also becoming much more comfortable with life-sustaining technological devices such as oxygen and feeding tubes.

I have a family friend, for instance, who is in his mid-seventies and frequently goes to the golf course pulling his oxygen tank behind him. This increased functional capability is obviously what we are aiming at through the initiatives such as section 504 of the Civil Rights Act and through Public Law 94-142.

Nonetheless, the emergence of this group of children with medical technology dependency certain challenge us all. To meet this need, we must think about the provision of health care services in nonhealth care sites. Under a cooperative agreement, we have created a small project in Massachusetts to address these needs as best we can. We have termed this project School Care. Through this, we have carried out a census, written a series of guidelines for school systems to use when children with medical dependency come to school. Our census has documented that somewhere close to 0.1 percent or about 2,000 children in the Commonwealth of Massachusetts have medical dependency needs. This translates nationally into slightly over 100,000. This is a significant number and must be acknowledged. We have found great reception for the idea of guidelines for school systems to use when they are approached by a family with a medically dependent child. Finally, in our experience through the consultation team, we see tremendous needs for training and credentialing of staff to provide care to children with special health care needs in the school system.

In Boston, we have seen children with extraordinarily complex medical problems sent to school without medical or nursing input. In fact, not long ago a child with a tracheostomy, a little tube in the neck to provide oxygen, was enrolled and almost begun in a school program, with an IEP in place, before any assessment was made of that child's ongoing health care needs. It is well accepted that such a child needs constant nursing supervision. This was obviously a completely inadequate preparation for this child. Recently, too, we had a call from a student teacher disturbed because she did not know how to mix medications to administer into a child's gastrostomy tube.

Parents are becoming adept at providing needed services to children at home through home care. We see an analogue in the school and have called this "school care." There are major legal and financial issues, however. Schools are frightened about taking on the nursing responsibility, even though under *Irving v. Tatro,* the Supreme Court case recently heard, they must do this. Frequently, we have found schools throwing up excuses for not wanting to provide services to these children and only through extensive negotiation have been able to accomplish adequate programming for these youngsters.

The discretionary programs are an ideal way to begin the process of training and credentialling and developing integration of "med plans" into "ed plans." We would strongly suggest that one of the initiatives under the discretionary programs be for an extensive evaluation of school care for children with medical dependency needs. This is a group of children who didn't even really exist when the law was passed in 1975. Emphasis should be placed on training, supervision and funding of services as well as the coordination of public and private health initiatives with special education.

Thank you very much.

Senator **Harkin**. I just have a few questions here.

First, Frank Bowe, thank you again for coming here to update me on the progress that is being made on implementing the Commission's recommendations. I just want you to know that I am personally committed to insuring that the Department address in the comprehensive fashion the concerns raised by the Commission with respect to the receipt by deaf children of appropriate education. I assure you that I will be following up on these concerns directly with the new Assistant Secretary before he or she is confirmed.

Let me also just respond to your testimony today recommending that the FCC require that new televisions have the chip in it. I am in the process right now of drafting a bill to do just that, that would require the FCC to have such a ruling and to adapt this technology as soon as it is on the market and to put it in every television set. I was amazed when I heard that the price was only going to be around $5 to $7, certainly less than $10 each, and for that small price every television set would be available to anyone, as you point out, not just hearing impaired, but new immigrants, people who are hard of hearing, people who for one reason or another need to read what is happening, so they can expand themselves to a whole broad range of individuals in our society. I just wanted to let you know that we were getting a bill prepared to do that.

I guess one thing that shocks me is the problem of the literacy among adult deaf persons. It really is shocking and I am just wondering what we can do to address that, how we might look at this problem in some kind of a comprehensive manner. Do you have any further thoughts on that?

Mr. **Bowe**. First, I am delighted you are responding as you are to the other suggestions. The problem is very high. The education system has failed those kids. What I have seen that works to help them is very simple. When they use the TDD to make telephone calls, you see that over a few months that their English is improving dramatically. When they have a decoder at home and watching television, you see their English improve dramatically. And when they have the opportunity of using signs to communicate and understand better what is being said around them, it does improve dramatically.

But the long-term solution has to come back to the entitlement programs under this Act. We cannot constantly be repairing the situation when they are in their thirties. They learn so much better when they are ten or five.

Senator **Harkin**. Two.

Mr. **Bowe**. Yes, sir. Ideally, it should be as much as possible.

Senator **Harkin**. You pointed out in your testimony how other countries identify hearing problems at seven and nine months of age and our average is what, 2.5, 3 years? So, we need to do a better job of identifying it early on.

Mr. **Bowe**. Much better.

Senator **Harkin**. Dr. Forness, in the fiscal year 1989 appropriations bill—and you may have heard earlier, I wear that other hat, too—the Secretary of Education was directed to examine some issues concerning special education of children with seriously emotionally disturbance. Can you tell us what kinds of information this study could give us? Have you been involved with it at all?

Dr. **Forness**. Is this the Polaven study, Senator?

Senator **Harkin**. Yes.

Dr. **Forness**. That study will at least give us a better handle, I think, Senator, on the epidemiology of services or of children who need services for serious emotional disturbance. Our coalition has been working very closely with Polaven and the information we have in terms of the children not served is still something that people are not entirely competent in. People see a conservative estimate of maybe 3 percent and people feel that may be even broader, and one of the things Polaven will be looking at is just how many children there are who meet the criterion and should be served.

I think the other thing will be to what extent that definition is a barrier to services for children.

Senator **Harkin**. I mentioned earlier that the definition is a barrier to parents and others to seriously emotional disturbance. Maybe it should be termed just "learning impaired."

Dr. **Forness**. Actually, Senator, there is five criteria. One of the is learning impaired and overlaps with another category entirely. The last two in your own State, Senator—I have to congratulate your own State Department of Education for the Iowa assessment program in behavior disorders——

Senator **Harkin**. Yes, I read that.

Dr. **Forness**. They have completely ignored the last two criteria of the five in setting up their definition and diagnostic criteria. They have had to really go around the existing definition to get an acceptable definition.

Senator **Harkin**. You said here that in Iowa in the past decade, the number of students with serious disorder services had a 255 percent increase, at the same time in California they had a 54 percent decrease.

Dr. **Palfrey**. They only serve the seriously emotionally disturbed, very serious.

Senator **Harkin**. What is that?

Dr. **Palfrey**. California serves the very smallest number that anyone does, because they just use the most serious criteria.

Senator **Harkin**. Well, it comes right back to what you said, no clear definition of disability by reason of serious emotionally disturbed exists in Federal policy, therefore each State has had to operationalize its own definition, resulting in tremendous disparity between the States. Should that be something we ought to do? Should there be some kind of Federal policy on this?

Dr. **Forness**. I think we ought to have a more clear Federal definition, Senator, and the issue has been one which I think has been debated in the coalition, but I think everyone agrees there needs to be changes and some more operationally defined definition might be acceptable. That definition, Senator, as you may know, comes out of a fairly obscure technical report of some 30 years ago, in which the California State Department of Education actually commissioned Eli Bauer to do a study in the Los Angeles City schools of these children. These criteria taken from his discussion section in that technical report more than 30 years ago, and the criteria really do not seem to relate much to what we know from our experience in research in special education and from the definitions in other agencies such as mental health, for example.

Senator **Harkin**. I would be interested in seeing what we might do at the Federal level in terms of updating that and making it more defined. We are going to have to have this done by September, and the study is not going to be done until October. We have to reauthorize this before the new fiscal year.

Dr. **Forness**. That is why I said, Senator, that I think the emphasis on some discretionary programs would really help, even though we have to kind of work around that definition.

Senator **Harkin**. We will have to talk some more about that.

Dr. Palfrey, it sounds like your program is experiencing success in addressing the health related needs of children in special education in Massachusetts. Are there any other States that are doing anything like that?

Dr. **Palfrey**. I believe there are some initiative that is going on in Colorado at this point. Surprisingly enough, something is happening in Iowa, and Dick Nelson and his group are very active, and there are a number of initiatives. I think Minnesota is also involved in some things, but much of this is being done by hook and by crook with discretionary monies, et cetera. There is not a general program.

Senator **Harkin**. Is this when you talk about, your school care?

Dr. **Palfrey**. Correct.

Senator **Harkin**. Extensive evaluation of medical dependency needs. What would such a study assess that is not already addressed in Massachusetts?

Dr. **Palfrey**. I think the major issue is—well, there are really two things. One, to see if these numbers are similar across States, and there is a whole variety of reasons why they may or may not be, and in fact in Iowa they are going to be doing a similar study to ours. But the other thing which is much more problematic is the issue that when you go out of the hospital into the home, you start having the parents take on the responsibility for care and parents are willing to do that. When you move them from home into the rest of the community, into the schools and the Boys Scouts and so forth, you have taken a third step away from the health care system and you begin to have questions about financial responsibility, liability, et cetera, and I think that the major issue here is a training and credentialing issue, such that there be a comfortable feeling about who is providing the services.

I just gave a talk not long ago in Connecticut, in Lowell Weicker's State, and we talked a lot about who actually does these services, should it be the nurses, should it be the school teachers, et cetera, and at the end of the talk a person came up to me and said you can talk all you want, I am a gym teacher and I do it because the child needs to be fed. We really need to examine the situation in terms of not having it be under the table and by just who happens to be there.

[Additional material supplied for the record follows:]

# PREPARED STATEMENT OF THE AMERICAN COUNCIL ON RURAL SPECIAL EDUCATION
## DORIS HELGE, Ph.D., DIRECTOR

## CONCERNS REGARDING "AT-RISK" STUDENTS

For the purpose of this document, at-risk students are those with one or more of the characteristics in the table below. (Seldom would an at-risk student only exhibit one characteristic in this chart.)

Table 1

Involvement with crime
Substance abuse
Suicide attempt/depression/low self-esteem
Child abuse (physical or sexual)
Poverty
Child of alcoholic or substance abuser
Child in a dysfunctional family system
Illiteracy
Migrant
Handicapping condition
School dropout
Sexually active/pregnant

At-risk students are underserved and overrepresented in special education. For example, too few services are available, particularly in rural areas, for poor minority students who have been physically, verbally or otherwise abused, even though such students are overrepresented in special education classes.

To address this issue, a pilot project was conducted during the winter of 1988-89 by the American Council on Rural Special Education (ACRES). The project involved students who had been classified as mildly or moderately retarded, learning disabled, or behaviorally disturbed. One student was classified as severely hearing impaired. The students were selected as "at-risk for graduation" by middle school teachers, the school counselor, and principal. Although the group had diverse socioeconomic and ethnic backgrounds, most of the children were from poor, dysfunctional families.

Students, their teachers, and the group facilitators completed pre- and post-tests regarding the childrens' self-esteem. Other pre- and post-test measurements concerned academic grades and attendance. The focus of the project was development of student self-esteem.

A summary of findings useful to this document is that although the group was only of eight weeks duration, involving 16 sessions, and the children were taken away from academic subjects, their grades improved. Attendance rates also improved as did pre- and post-test measurements of self-esteem. Many parents reported improvement in their childrens' communication skills.

Of great interest is the fact that the status of childrens' handicapping conditions greatly changed. Youth who were retarded and learning disabled were capable of greater learning. The student classified as having a severe hearing impairment, in fact, appeared to have a very selective hearing impairment, related to the fact that she had been molested by her stepbrother for over 10 years.

Although it is possible that these were isolated findings, with only one pilot group, there are at least two factors that should not be ignored.

1.) "Underrepresented children," those from impoverished minority and/or abusive families, will best benefit when special education also offers support services. (E.g., the focus of this group was the development of self-esteem, allowing the students to feel their feelings, be heard, etc.). This freed a great deal of blocked energy for learning.

2.) Teacher training is essential that emphasizes awareness of cultural differences and needs of students from dysfunctional families. At-risk students are the fastest growing student population, and current teacher training programs and special education research virtually ignore this point.

## OTHER CONCERNS OF THE AMERICAN COUNCIL ON RURAL SPECIAL EDUCATION (ACRES)

### Rural Special Education Data Collection

It is well known that data reported by districts to states is inaccurate regarding the number and types of handicapped children who are unserved or underserved. The U.S. Office of Special Education and Rehabilitative Services (OSERS) should be required to collect national data regarding the number of rural handicapped students. according to each legislated special education category. Data collection should also focus on the percentage of such children that exhibit one or more characteristics of Table 1 above. At-risk students are the fastest growing student population, and at-risk handicapped students are the most vulnerable to abuse of all types and the least likely to graduate. For a database to exist that can be used for program planning, it will be necessary that money be appropriated for such a study and that a Congressional mandate exist for data collection. Usually, at-risk students are classified as handicapped students (whether it is appropriate in an individual case or not).

### Foci of OSERS Funded Projects

Research, teacher training, and parent training monies need to be more focused on public school students and on actual training of teachers, related services personnel, and parents. This should include existing projects, including clearinghouses.

Many schools and state and teacher training initiatives are using recent initiatives on educational reform and excellence as an excuse for focusing on students that are the "most able." Minority and poor students may be losing any advantages they may have gained during the past decade. Congress should direct OSERS to carefully consider the needs of at-risk students.

### Rural Personnel Preparation Funding Category

This Division of Personnel Preparation's rural competition category has recently been "under fire" as unimportant, compared to the preparation of doctoral level faculty. We would like to go on record that this competition, though a very small one, is addressed at a problem identified as critical in every national special education study--the recruitment and retention of qualified rural special educators and related services personnel. By separate cover, you will receive a videotape indicating one example of an effective training program funded as part of the rural competition.

# JOINT PREPARED STATEMENT OF ROBERT B. RUTHERFORD, JR. BRUCE I. WOLFORD, AND C. MICHAEL NELSON

Handicapped individuals constitute a significant proportion of the 72,000 incarcerated youth in juvenile facilities and the approximately 117,000 offenders aged 18 to 22 in adult institutions. In addition, a large number of the 1.8 million individuals on probation and parole in the United States are youth in need of special education services. Prevalence estimates indicate that over 60% of youth in the juvenile justice system are handicapped. A recent analysis of adjudicated youth (community and residential) revealed that over 50% had previously been enrolled in public school special education programs. These figures stand in striking contrast to the 12.6% incidence of handicapping conditions in the general population.

The Education of the Handicapped Act has had a significant impact on the provision of a free, appropriate education to many handicapped youth in the juvenile justice system. Prior to the early 1980s, few correctional programs offered special education services. In 1984, the Correctional Special Education Training Project, funded by the U. S. Department of Education, brought together state directors of special education and state directors of correctional education to develop strategies for implementing P.L. 94-142 in correctional programs.

In the past five years, most states have implemented some level of special education programming in juvenile correctional facilities and a few states provide educational services to youthful handicapped offenders (under age 22) in adult corrections. In this same time period, the Department of Education funded a number of college and university personnel preparation programs. These training programs contributed to the increased number of certified special education teachers working in correctional facilities. Also, in this period, the monitoring function of the EHA contributed to the on-going development and improvement of special education services in the juvenile justice sysyem. State departments of education and corrections have worked cooperatively in many states to address the compliance issues of the EHA in order to provide an appropriate education to handicapped incarcerated youth.

## Recommendations

The discretionary programs, Parts C through G, of the EHA should focus on providing support for research and demonstrations, dissemination, technical assistance, and training in the juvenile justice system. The specific areas for support should include the development of: (1) procedures for conducting functional assessment of the skills and learning needs of handicapped offenders; (2) curricula that teach functional academic, social, and daily living skills; (3) vocational special education curricula; (4) transitional programs and procedures between correctional programs and the community; (5) comprehensive systems for providing institutional and community services to handicapped offenders; and (6) inservice and preservice training of correctional educators in special education.

Functional assessment. The processing of offenders by the correctional system begins with assessment. Assessment data typically are used for institutional demographic reports and classification, and only rarely are considered in assigning individuals to specialized institutions or programs. Thus, traditional assessment and classification in corrections have limited value in the identification and educational programming for handicapped offenders. Research and development support is needed to develop model functional assessment procedures and programs for identifying skill deficits that interfere with the handicapped youthful offender's educational achievement, social/vocational adjustment, and ability to function successfully as an independent citizen.

Functional curriculum. Traditional educational curricula in correctional education programs are not designed for handicapped offenders. Emphasis is generally placed on moving to higher grade levels rather than achieving functional skills. A functional education curriculum is one that meets a student's individual needs The focus of such a curriculum for handicapped offenders must be on developing daily living, social, and work-related skills. The ability to find and hold a job, read basic regulatory and commercial signs, purchase goods and services, live on a budget, interact appropriately with others, etc., are critical skills that many handicapped youth in corrections do not possess. Research and development support is needed to develop and implement functional curricula in correctional education settings.

Vocational special education. Handicapped youthful offenders generally do not have access to vocational education programs in the juvenile justice system. Section 504 of the Vocational Rehabilitation Act of 1973 mandates that handicapped persons of all ages be granted free and equal access to vocational education programs. While many correctional vocational education programs receive funds from this Act, many handicapped offenders are barred from participating due to barriers such as prerequisites of a high school diploma, GED, or minimum score on a standardized test, as well as production demands which discriminate against those with more limited skills or who learn or work more slowly. Effective vocational special education programs need to be implemented in correctional settings by modifying existing vocational-technical curricula to serve handicapped offenders or by developing vocational education designed specifically for handicapped offenders.

Transition. The need for transition services in correctional programs is acute. Needs include transition services that effectively link correctional education programs to the student's previous educational program, as well as to the educational and human services needed to support the handicapped offender following incarceration. Transition has been the most neglected element of educational programming in the juvenile justice system. Cooperative efforts between the public schools and correctional education programs are rare. The identification of handicapped offenders is often slowed by the absence of previous educational records and, once the offender returns to the community, educational records rarely are forwarded to educational or vocational programs in the community. Model procedures need to be developed for the educational tracking and transition of handicapped offenders between school and correctional settings. The courts, probation officers, and correctional education programs need to establish effective interagency linkages with the public schools to facilitate transition.

Comprehensive systems. Comprehensive systems for providing appropriate educational services to handicapped offenders often do not exist, either within the correctional institution or prior to and following incarceration. The provision of special education servcies is frequently difficult to achieve because of conflicting priorities and responsibilities of staff within correctional facilities and those within the various juvenile justice and educational agencies with whom handicapped offenders come into contact. Correctional programs typically have three functions: custody and supervision, work, and the provision of programs such as education. These three functions often pose competing priorities in attempting to provide appropriate services to handicapped offenders. Comprehensive and coordinated linkages also often do not exist between the courts, probation, the public schools, correctional education programs, and aftercare programs. There is a need to develop model systems for providing appropriate individualized special and vocational education services before, during, and after incarceration if the goal of rehabilitation is to be realized.

Correctional special education training. Given that over 60% of youth in the juvenile justice system are handicapped, increased numbers of qualified special education teachers are needed to provide educational services to these youth. As correctional education programs respond to the mandate of the EHA and begin to provide special education services to increasing numbers of handicapped offenders, there is an obvious need for special education training for correctional educators. Both preservice correctional special education training programs in colleges and universities and inservice training of correctional educators serving handicapped offenders must be supported.

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## PREPARED STATEMENT OF THE ASSOCIATION FOR RETARDED CITIZENS OF THE UNITED STATES, JAMES B. GARDNER, SENIOR VICE PRESIDENT

Mr. Chairman, my name is James B. Gardner of Shreveport, Louisiana. I am presently serving as Senior Vice President of the Association for Retarded Citizens of the United States on whose board I have served for almost six years. We are an organization of 160,000 members, the majority of which are parents of persons with mental retardation, in almost 1,300 chapters throughout 47 states and the District of Columbia. I am a past president of the Louisiana State chapter in Caddo-Bossier. My wife, Sally, who is originally from Dallas, Texas, and I have two children, Kelly and Jay.

Parent members of the ARC were a driving force in the passage of P.L. 94-142 in 1975 and we continue today, at the local, state and national levels, to closely monitor its implementation. I am pleased to represent them today as we strive to improve and expand the various components of the Education of the Handicapped Act.

Millions of children with mental retardation have profited from the various discretionary programs under EHA and the guarantees of P.L. 94-142 over the past decade. The ARC of the United States has itself received two grants funded by EHA in the past five years as part of our exicting Bioengineering Program. One contract helped develop a computer-based instructional system to assess memory skills, while a recent grant funds a research project to design, develop and field test prototypes of microprocessor-based devices that use eye gaze as the access mode to allow people with severe cognitive and physical handicaps to exert control over their environment and to communicate with others. Through such research, the lives of persons with mental retardtion can be significantly enhanced. Many of our chapters are also involved in EHA programs, with some operating early intervention services under Part H, while others are involved in parent training activities at the regional, state and local levels funded under Part D.

The ARC, along with many other disability groups, is greatly heartened by the major advances made in early childhood education resulting from the passage of P.L. 99-457 in 1986. The preschool mandate for children three to five years old is about to be realized and thousands of preschoolers are today reaping the benefits of early education. Many states are already implementing the Part H Early Intervention Program. Again, thousands of infants and toddlers with disabilities and their families are being served under this new and very exciting program. It is crucial that the Congress continue to expand the funding base for these two vital programs so that all eligible children receive services. It is equally important that the related discretionary programs be modified to assist school systems and other provider agencies to provide quality early education services. For example, as each state gears up to expand its early education system, many new teachers, related services personnel and other staff are needed to meet the demand. Training programs need to be expanded throughout the nation to meet this need.

## Decrease in Students with Mental Retardation Served

The ARC is greatly concerned about the gradual but very significant reduction of children served in special education labelled as mentally retarded. During school year 1977-1978, the first year the U.S. Office of Education reported on P.L. 94-142 implementation, nearly 945,000 of the 2.47 million children served in special education were labelled as mentally retarded. Mental Retardation thus constituted almost 40 percent of the entire special education population. In every year since then, the school population labelled as mentally retarded has shrunk. The latest Department of Education statistics, covering the 1986-1987 school year, report 664,000 special education students classified as mentally retarded, representing 15 percent of the entire special education population. To our knowledge, the Department of Education has never seriously studied the reasons for the reduction of almost 300,000 students diagnosed as mentally retarded, despite an almost doubling of the entire special education population in the past 10 years. There are certainly some public policy implications here. While the ARC and others have several theories about the overall reduction of special education students labelled as mentally retarded, we believe the Department of Education should place a priority on studying the issue. We urge this Subcommittee and the Congress to charge the Department to conduct such a study in your reauthorization of EHA.

In addition to the decline of the percentage of special education students with mental retardation, the ARC is also concerned with the very large discrepancies between states as to the numbers of children labelled as mentally retarded. For example, the state of New York, with a state population of nearly 18 million people, serves approximately 28 thousand students with mental retardation, while the state of Alabama, with a population of less than four million, identifies over 31 thousand students with mental retardation (see Table 1). These statistics indicate a huge difference in labelling children as mentally retarded. Again, we are not aware of any U.S. Office of Special Education Programs response. We urge the Congress to require the Department to study this situation as well.

## Transition Expansion

Over 200,000 special education students left special education in the last school year. Of those, over 50,000 or

25 percent of those children and young adults were labelled as mentally retarded. National statistics and my own personal observation indicate that many of these students graduate, age out, drop out or otherwise exit our nation's special education programs into nothing. I mean they are forced into days and months of idleness at home because they have no other place to go. They don't qualify or can't get into higher education, job training, vocational rehabilitation, or jobs.

After a decade or more of special education, a huge investment by government, the family and the child, it is criminal to allow such young adults to languish in their homes, robbed of an opportunity to become more independent and self-sufficient. Not only are persons with mental retardation and other disabilities hurt by the lack of opportunities, so is society punished by the loss of productivity from these individuals.

Section 626 of Part C of EHA, which funds Transition Projects, is one of the major avenues to address this problem. Yet this program is currently funded at just over $7 million. Frankly, that simply isn't enough. Investing billions of dollars in special education each year without appropriate transition activities to real work and further training is a terrible waste of fiscal resources. It is also a terrible waste of valuable human resources. The ARC strongly urges the Congress to significantly increase the authorization level for Section 626 Transition Services in Part C of EHA.

## Separate Schools

The ARC has as an objective the elimination of segregated educational facilities. We believe that optimal growth and development for children with mental retardation is best achieved in an integrated educational setting so that these children can interact with their non-handicapped peers. Recent U.S. Department of Education statistics and a new study by Dr. Tom Bellamy, Director of the U.S. Office of Special Education Programs, indicate huge variations among states in the use of separate facilities to serve children with handicaps (see Tables 2 and 3). For example, Maryland educates a whopping 48.4 percent of students with mental retardation in separate facilities. Six other states (Delaware, Florida, Michigan, Minnesota, Nevada and New York) and the District of Columbia educate more than 25 percent of the special education students with mental retardation in separate facilities. Thirty-three states educate less than 10 percent of their students with mental retardation in separate facilities. Despite these huge variations in the use of separate facilities, no state has been found in violation of the least restrictive environment (LRE) provision in P.L. 94-142.

Surely the development of a child's Individualized Education Program (IEP), which is the lynchpin for the child's placement, will be vastly different in New Hampshire which has no separate public educational facilities to serve children with mental retardation than in Maryland where half the children are placed in such facilities. The U. S. Department of Education has reported this situation to the Congress, yet neither body has framed a recommendation to review this situation.

Children with mental retardation are the special education population most likely to be affected by the use of separate facilities. It is very disheartening for parents to know that their Federal Government has not moved to attempt to correct this very serious variation in the use of separate facilities. The ARC does not advocate a revision to P.L. 94-142 to solve this situation. It does, however, recommend that the Congress give this issue its full attention. At the very least, a study of the policies and practices in those states who serve more than 25 percent of its special education students with mental retardation in separate facilities must be undertaken, possibly by the General Accounting Office, to ascertain the impact of such policies and practices on LRE. The ARC is very hopeful the Congress will address this issue in an expeditious manner.

## Parent Training

Mr. Chairman, as you are aware, parents are supposed to play a significant role in the development of their child's Individualized Education Program (IEP). P.L. 94-142 also gives parents due process rights. As a parent of a special education student who is a lawyer, I can tell you that knowing and understanding our rights and responsibilities under the law is not simple. The vast majority of parents need information and assistance if they are to meaningfully participate in shaping their child's special education. Part D of EHA contains a set-aside for parent training programs. These parent training centers have provided technical assistance and training to thousands of parents. For many of these parents, great improvements in their child's education was secured after learning about their rights under P.L. 94-142. Unfortunately, thousands of other parents never avail themselves of this important service because there is no parent training center in their state. There are presently nine states who have no such center. The ARC strongly urges the Congress to increase the parent training component within Part D to allow each state to have at least one training center and to expand the current state centers and the National Technical Assistance activities.

## Personnel Development

According to the Department of Education's "Tenth Annual Report to Congress on the Implementation of the Education of the Handicapped Act" submitted to you last year, state education agencies reported needing over 5,000 additional teachers to serve children with mental retardation. This represents an almost 10 percent shortage to serve this particular disability group. Other groups, such as children who are deaf/blind or are emotionally disturbed, faced even greater shortages. Further, states reported that the number of teachers serving students with mental retardation actually decreased from the previous year. This is not good news for parents. We want qualified teachers and related services personnel to teach our children. We don't think that's asking too much.

The ARC recommends the Congress amend Part D Personnel Preparation to allow for institutions of higher education to provide in-service, in addition to pre-service, teacher training. This change would allow for current regular education personnel to be trained to educate students with mental retardation and other disabilities. This would be most helpful in fostering continued integration of students with mental retardation and other disabilities into regular classrooms. It would also tap a pool of trained personnel without investing four or more years of higher education to obtain a certified instructor. The ARC further urges the Congress to increase the Part D authorization level to expand all Personnel Development programs under EHA.

## CCD Recommendations

Finally, Mr. Chairman and Members of the Subcommittee, the ARC wishes to call your attention again to the more detailed recommendations developed by the Consortium for Citizens with Disabilities (CCD). The ARC and many other national disability organizations believe that further progress in special education is achievable if these recommendations are adopted. We urge your thorough review of these recommendations.

Thanks to the U.S. Congress, special education has come a long way in just over 10 years. My daughter Kelly and millions of her peers' lives are enriched daily from your advocacy. Yet, there are still huge gaps in services, significant teacher and related services personnel shortages, too much segregation and isolation from regular school experiences for many students with mental retardation. While the Federal Government can't solve all of these problems with more money, with stronger rules or more effective monitoring, the Federal Government has a crucial role to play. The ARC greatly appreciates the opportunity to appear before you today to share our views. We hope to be able to work closely with you as you proceed to reauthorize EHA. We are indebted to you for your interest and advocacy on behalf of my daughter Kelly and the more than four million other children in special education.

## TABLE BA1

NUMBER OF CHILDREN SERVED UNDER CHAPTER 1 OF ECIA (SOP) AND EHA-B
BY HANDICAPPING CONDITION

DURING SCHOOL YEAR 1986-1987

| STATE | ALL CONDITIONS | LEARNING DISABLED | SPEECH IMPAIRED | MENTALLY RETARDED | EMOTIONALLY DISTURBED | HARD OF HEARING & DEAF | MULTI-HANDI-CAPPED | ORTHO-PEDICALLY IMPAIRED | OTHER HEALTH IMPAIRED | VISUALLY HANDI-CAPPED | DEAF-BLIND |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ALABAMA | 91,231 | 28,889 | 20,565 | 31,490 | 6,394 | 1,100 | 1,052 | 530 | 732 | 437 | 28 |
| ALASKA | 12,211 | 6,930 | 3,317 | 717 | 390 | 283 | 323 | 142 | 132 | 40 | 9 |
| ARIZONA | 53,219 | 27,984 | 12,872 | 5,332 | 3,951 | 1,039 | 1,316 | 565 | 531 | 427 | 2 |
| ARKANSAS | 48,222 | 22,930 | 9,376 | 13,302 | 476 | 637 | 611 | 320 | 312 | 244 | 14 |
| CALIFORNIA | 391,217 | 220,057 | 97,000 | 27,790 | 10,180 | 7,461 | 6,031 | 7,285 | 12,167 | 2,483 | 147 |
| COLORADO | 49,515 | 22,689 | 8,248 | 4,321 | 8,661 | 863 | 3,323 | 995 | 0 | 320 | 95 |
| CONNECTICUT | 64,750 | 29,490 | 13,282 | 4,833 | 13,166 | 859 | 1,280 | 364 | 1,123 | 321 | 23 |
| DELAWARE | 15,275 | 7,767 | 2,101 | 1,590 | 2,587 | 298 | 273 | 340 | 161 | 117 | 37 |
| DISTRICT OF COLUMBIA | 7,114 | 3,403 | 1,349 | 1,201 | 761 | 47 | 124 | 71 | 117 | 25 | 16 |
| FLORIDA | 181,051 | 70,963 | 57,000 | 20,815 | 20,733 | 1,815 | 0 | 2,401 | 2,003 | 805 | 60 |
| GEORGIA | 93,229 | 29,770 | 22,322 | 24,845 | 17,253 | 1,457 | 0 | 704 | 250 | 572 | 50 |
| HAWAII | 11,050 | 6,500 | 2,347 | 1,214 | 520 | 218 | 251 | 409 | 10 | 86 | 9 |
| IDAHO | 18,040 | 9,614 | 3,850 | 3,000 | 503 | 377 | 255 | 300 | 482 | 179 | 6 |
| ILLINOIS | 248,100 | 100,840 | 72,764 | 31,083 | 31,611 | 3,687 | 0 | 4,302 | 1,778 | 1,418 | 86 |
| INDIANA | 105,978 | 35,872 | 40,025 | 22,398 | 4,053 | 1,242 | 1,504 | 816 | 242 | 579 | 47 |
| IOWA | 56,205 | 22,969 | 12,950 | 11,937 | 6,240 | 851 | 715 | 1,162 | 3 | 233 | 45 |
| KANSAS | 42,373 | 18,000 | 12,365 | 6,227 | 4,383 | 723 | 693 | 604 | 201 | 249 | 42 |
| KENTUCKY | 73,711 | 21,650 | 26,435 | 19,146 | 2,853 | 820 | 1,401 | 554 | 357 | 484 | 11 |
| LOUISIANA | 73,852 | 31,611 | 21,231 | 11,876 | 3,718 | 1,566 | 1,106 | 1,027 | 1,140 | 483 | 34 |
| MAINE | 26,941 | 10,070 | 6,236 | 3,917 | 4,190 | 415 | 1,076 | 416 | 380 | 128 | 7 |
| MARYLAND | 90,294 | 49,927 | 24,241 | 6,390 | 3,804 | 1,151 | 2,777 | 625 | 782 | 525 | 72 |
| MASSACHUSETTS | 143,630 | 48,482 | 34,427 | 30,644 | 19,512 | 2,103 | 3,277 | 1,796 | 2,382 | 954 | 59 |
| MICHIGAN | 161,446 | 64,884 | 42,536 | 22,717 | 21,023 | 2,749 | 1,846 | 4,095 | 749 | 865 | 0 |
| MINNESOTA | 82,407 | 36,919 | 19,177 | 12,531 | 9,063 | 1,432 | 19 | 1,426 | 813 | 400 | 21 |
| MISSISSIPPI | 55,683 | 24,530 | 18,722 | 10,442 | 292 | 500 | 390 | 502 | 0 | 229 | 12 |
| MISSOURI | 99,082 | 41,950 | 29,865 | 16,710 | 8,100 | 805 | 630 | 744 | 394 | 310 | 77 |
| MONTANA | 15,300 | 7,536 | 4,027 | 1,325 | 670 | 273 | 376 | 149 | 191 | 184 | 29 |
| NEBRASKA | 30,171 | 12,000 | 8,934 | 4,891 | 2,263 | 572 | 547 | 712 | 0 | 184 | 0 |
| NEVADA | 14,743 | 8,151 | 3,233 | 1,813 | 1,050 | 100 | 677 | 138 | 212 | 63 | 1 |
| NEW HAMPSHIRE | 16,323 | 9,387 | 3,270 | 1,047 | 1,490 | 234 | 310 | 173 | 296 | 106 | 10 |
| NEW JERSEY | 172,018 | 75,879 | 58,353 | 7,713 | 14,047 | 1,411 | 11,874 | 718 | 706 | 591 | 46 |
| NEW MEXICO | 29,818 | 13,083 | 9,365 | 2,314 | 2,095 | 442 | 834 | 445 | 161 | 137 | 40 |
| NEW YORK | 292,981 | 152,460 | 37,000 | 28,400 | 40,113 | 4,733 | 12,743 | 3,329 | 4,341 | 1,720 | 53 |
| NORTH CAROLINA | 108,214 | 44,717 | 27,412 | 22,476 | 7,792 | 1,920 | 1,082 | 942 | 1,057 | 625 | 23 |
| NORTH DAKOTA | 12,279 | 5,251 | 4,100 | 1,752 | 409 | 164 | 0 | 225 | 133 | 76 | 21 |
| OHIO | 199,211 | 74,723 | 54,483 | 51,083 | 7,521 | 2,446 | 4,182 | 3,791 | 0 | 975 | 7 |
| OKLAHOMA | 65,285 | 28,000 | 20,644 | 11,720 | 1,207 | 837 | 1,730 | 423 | 240 | 301 | 43 |
| OREGON | 47,487 | 25,529 | 11,598 | 4,288 | 2,635 | 1,123 | 0 | 1,057 | 833 | 402 | 32 |
| PENNSYLVANIA | 203,250 | 76,852 | 58,436 | 42,405 | 10,066 | 3,441 | 26 | 1,953 | 0 | 1,467 | 12 |
| PUERTO RICO | 39,858 | 8,127 | 2,814 | 20,297 | 1,004 | 1,505 | 2,430 | 940 | 1,032 | 909 | 131 |
| RHODE ISLAND | 19,527 | 12,400 | 3,454 | 1,272 | 1,424 | 219 | 100 | 250 | 253 | 83 | 6 |
| SOUTH CAROLINA | 73,299 | 24,765 | 21,413 | 17,776 | 8,379 | 1,060 | 551 | 765 | 100 | 445 | 9 |
| SOUTH DAKOTA | 14,034 | 5,318 | 5,152 | 1,050 | 500 | 329 | 502 | 218 | 100 | 60 | 39 |
| TENNESSEE | 96,433 | 44,599 | 28,127 | 14,537 | 2,437 | 1,575 | 1,557 | 1,012 | 1,736 | 625 | 28 |
| TEXAS | 301,222 | 157,996 | 60,900 | 28,479 | 22,213 | 4,836 | 4,153 | 4,450 | 8,728 | 2,281 | 77 |
| UTAH | 42,811 | 15,950 | 8,847 | 3,625 | 10,856 | 731 | 1,004 | 348 | 453 | 272 | 27 |
| VERMONT | 11,405 | 4,519 | 3,572 | 2,034 | 390 | 190 | 165 | 123 | 137 | 59 | 7 |
| VIRGINIA | 103,727 | 47,317 | 29,299 | 14,528 | 7,733 | 1,384 | 1,592 | 691 | 400 | 767 | 8 |
| WASHINGTON | 70,282 | 34,257 | 15,611 | 8,753 | 3,364 | 1,504 | 2,090 | 1,290 | 2,462 | 905 | 46 |
| WEST VIRGINIA | 47,556 | 19,473 | 13,940 | 9,985 | 2,420 | 464 | 378 | 412 | 203 | 270 | 31 |
| WISCONSIN | 76,967 | 22,768 | 18,221 | 6,106 | 9,552 | 390 | 17,743 | 741 | 248 | 286 | 3 |
| WYOMING | 10,803 | 4,000 | 3,349 | 643 | 544 | 192 | 701 | 226 | 297 | 53 | 0 |
| AMERICAN SAMOA | 170 | 0 | 52 | 97 | 0 | 13 | 8 | 3 | 0 | 1 | 4 |
| GUAM | 1,852 | 734 | 291 | 900 | 41 | 32 | 99 | 31 | 10 | 6 | 8 |
| NORTHERN MARIANAS | 585 | 300 | 40 | 64 | 1 | 20 | 60 | 79 | 6 | 4 | 3 |
| TRUST TERRITORIES | – | – | – | – | – | – | – | – | – | – | – |
| VIRGIN ISLANDS | 124 | 0 | 26 | 48 | 12 | 1 | 23 | 2 | 0 | 3 | 11 |
| BUR. OF INDIAN AFFAIRS | 5,300 | 2,084 | 1,377 | 456 | 273 | 27 | 261 | 40 | 56 | 10 | 0 |
| U.S. & INSULAR AREAS | 4,421,601 | 1,926,097 | 1,140,422 | 664,424 | 384,000 | 66,761 | 99,416 | 58,328 | 52,658 | 27,049 | 1,706 |
| 50 STATES, D.C. & P.R. | 4,413,400 | 1,922,191 | 1,130,726 | 663,000 | 384,353 | 66,606 | 98,905 | 58,173 | 52,586 | 27,025 | 1,740 |

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THE FIGURES REPRESENT CHILDREN 0-20 YEARS OLD SERVED UNDER CHAPTER 1 OF ECIA (SOP) AND CHILDREN 3-21 YEARS OLD SERVED UNDER EHA-B.

DATA AS OF OCTOBER 1, 1987.

(T1A1A87003)

## TABLE 2

## TABLE BC1

PERCENT OF CHILDREN 3 - 21 YEARS OLD SERVED IN DIFFERENT EDUCATIONAL ENVIRONMENTS
DURING SCHOOL YEAR 1985-1986

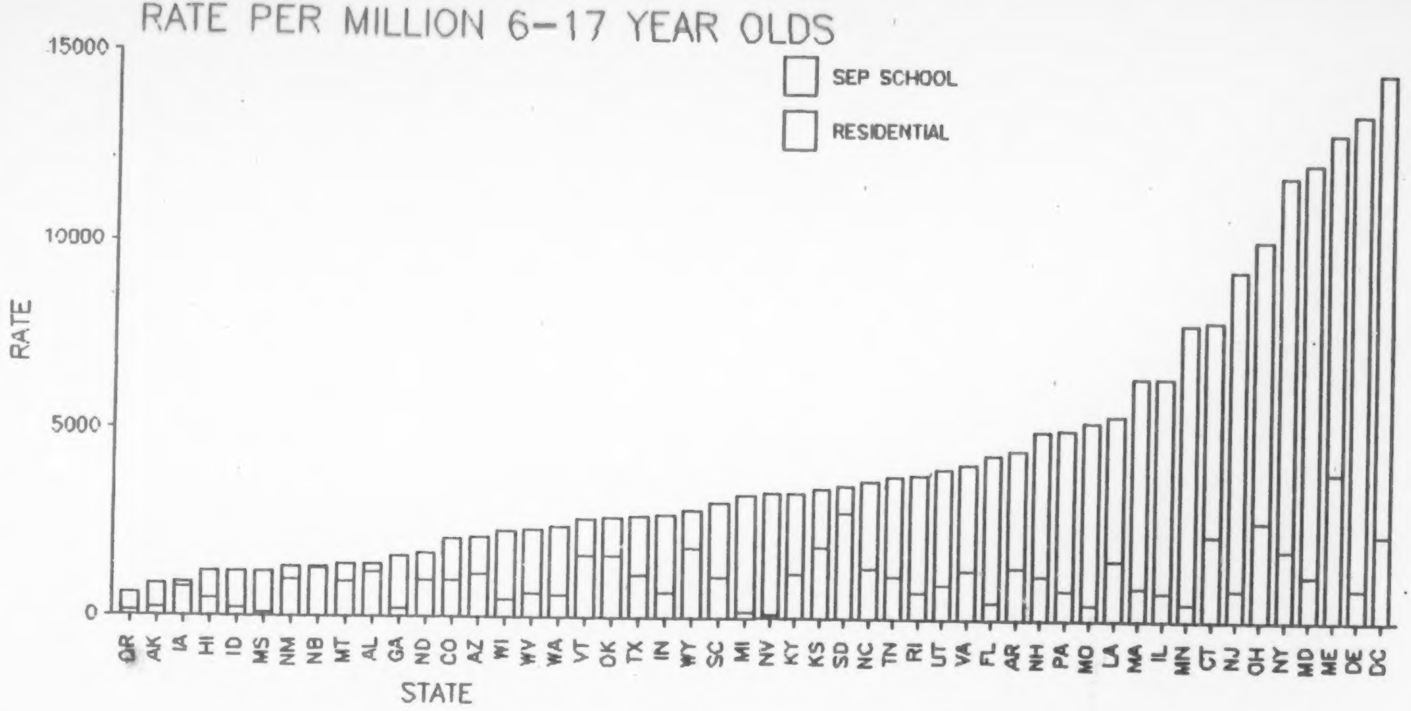
| STATE | MENTALLY RETARDED PERCENT | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | REGULAR CLASSES | RESOURCE ROOM | SEPARATE CLASSES | PUBLIC SEPARATE FACILITY | PRIVATE SEPARATE FACILITY | PUBLIC RESIDENTIAL FACILITY | PRIVATE RESIDENTIAL FACILITY | CORRECTIONAL FACILITY | HOMEBOUND HOSPITAL ENVIRONMENT |
| ALABAMA | 0.00 | 32.87 | 66.33 | 0.07 | 0.00 | 0.33 | 0.00 | 0.40 | 0.00 |
| ALASKA | 6.00 | 27.50 | 61.00 | 3.76 | 0.00 | 0.00 | 0.00 | 0.00 | 0.21 |
| ARIZONA | 0.00 | 21.57 | 73.83 | 1.04 | 3.44 | 0.02 | 0.07 | 0.02 | 0.00 |
| ARKANSAS | 7.38 | 50.27 | 27.07 | 2.16 | 0.00 | 2.90 | 0.04 | 0.23 | 0.20 |
| CALIFORNIA | 2.00 | 2.00 | 94.11 | - | 1.00 | - | - | 0.00 | - |
| COLORADO | 1.25 | 17.51 | 69.73 | 0.21 | 2.96 | 1.00 | 0.11 | 0.00 | 0.16 |
| CONNECTICUT | 0.40 | 8.52 | 62.50 | 14.21 | 2.96 | 2.43 | 1.00 | 0.35 | 0.70 |
| DELAWARE | 3.00 | 28.28 | 27.57 | 30.75 | 0.07 | 0.07 | 0.44 | 0.07 | 0.80 |
| DISTRICT OF COLUMBIA | 1.00 | 7.15 | 44.40 | 30.18 | 12.40 | 0.72 | 2.40 | 1.52 | 0.00 |
| FLORIDA | 1.17 | 6.52 | 61.94 | 25.00 | 2.30 | 0.50 | 0.29 | 1.50 | 0.70 |
| GEORGIA | 0.14 | 37.51 | 57.01 | 2.70 | 0.04 | 2.30 | 0.13 | 0.00 | 0.17 |
| HAWAII | 1.18 | 20.21 | 70.02 | 3.19 | 1.04 | 2.92 | 0.00 | 0.14 | 0.00 |
| IDAHO | 2.00 | 23.40 | 62.28 | 9.00 | 0.00 | 0.00 | 0.00 | 0.10 | 2.34 |
| ILLINOIS | 0.54 | 6.99 | 73.50 | 13.50 | 3.00 | 0.12 | 1.32 | 0.03 | 0.00 |
| INDIANA | 0.00 | 11.13 | 75.63 | 13.36 | 0.00 | 0.04 | 0.20 | 0.00 | 0.00 |
| IOWA | 0.34 | 21.42 | 70.40 | - | 0.23 | 1.15 | - | - | 0.41 |
| KANSAS | 3.32 | 10.40 | 77.00 | 0.72 | 0.78 | 1.53 | 0.00 | 0.07 | 0.23 |
| KENTUCKY | 5.10 | 51.11 | 38.54 | 5.02 | 0.04 | 0.97 | 0.04 | 0.02 | 0.56 |
| LOUISIANA | 0.03 | 11.02 | 51.41 | 21.28 | 1.74 | 0.00 | 0.04 | 0.43 | 1.41 |
| MAINE | 0.00 | 57.31 | 27.08 | 4.58 | 7.91 | 2.44 | 0.47 | 0.00 | 0.04 |
| MARYLAND | 3.00 | 11.00 | 31.08 | 40.43 | 2.72 | 1.07 | 0.00 | 0.20 | 0.30 |
| MASSACHUSETTS | 0.25 | 65.70 | 19.28 | 1.99 | 2.00 | 0.02 | 0.32 | 0.00 | 0.67 |
| MICHIGAN | 3.07 | 16.90 | 52.53 | 25.01 | 0.00 | 0.00 | 0.00 | 0.11 | 0.00 |
| MINNESOTA | 1.54 | 32.37 | 28.28 | 35.41 | - | 0.00 | - | 0.00 | 1.57 |
| MISSISSIPPI | 3.20 | 34.42 | 56.28 | 4.80 | 0.15 | 0.02 | 0.00 | 0.22 | 0.77 |
| MISSOURI | 0.20 | 25.20 | 56.07 | 12.00 | 1.91 | 1.00 | - | 0.22 | 0.19 |
| MONTANA | 0.42 | 17.41 | 63.02 | 3.00 | 0.00 | 0.04 | 0.00 | 0.14 | 0.00 |
| NEBRASKA | 16.01 | 70.70 | 7.38 | 0.28 | 0.02 | 1.14 | 4.12 | 0.30 | 0.00 |
| NEVADA | 1.92 | 25.05 | 35.06 | 36.37 | 0.00 | 0.00 | 0.10 | 0.00 | 0.10 |
| NEW HAMPSHIRE | 43.04 | 6.04 | 28.20 | 0.00 | 10.11 | 0.20 | 2.07 | 0.00 | 0.10 |
| NEW JERSEY | 1.00 | 3.55 | 62.54 | 15.28 | 9.34 | 7.51 | 0.33 | 0.24 | 0.16 |
| NEW MEXICO | 4.12 | 38.93 | 43.90 | 7.47 | 2.02 | 3.27 | 0.00 | 0.20 | 0.00 |
| NEW YORK | 0.28 | 6.01 | 56.00 | 27.05 | 0.42 | 1.42 | 1.21 | 0.52 | 0.22 |
| NORTH CAROLINA | 0.44 | 46.33 | 34.07 | 0.05 | 0.73 | 0.51 | 0.32 | 0.19 | 0.16 |
| NORTH DAKOTA | 4.02 | 15.00 | 70.57 | 3.70 | 0.00 | 3.70 | 0.23 | 0.00 | 1.70 |
| OHIO | 1.56 | 12.00 | 67.83 | 0.75 | 0.20 | 10.04 | 0.00 | 0.40 | 0.12 |
| OKLAHOMA | 7.92 | 43.15 | 41.56 | 2.04 | 0.02 | 4.42 | 0.01 | 0.01 | 0.27 |
| OREGON | 0.17 | 34.19 | 48.90 | 0.01 | 0.40 | 0.00 | 0.00 | 0.00 | 0.33 |
| PENNSYLVANIA | 1.94 | 17.05 | 63.90 | 16.07 | 4.40 | 0.01 | 0.05 | 0.10 | 0.40 |
| PUERTO RICO | 1.32 | 38.34 | 38.85 | 20.10 | 1.47 | 0.00 | 0.22 | 0.11 | 1.40 |
| RHODE ISLAND | 1.19 | 4.38 | 72.80 | 0.16 | 16.04 | 1.02 | 1.20 | 0.10 | 0.71 |
| SOUTH CAROLINA | 7.84 | 41.67 | 40.90 | 5.01 | 0.92 | 2.97 | 0.02 | 0.00 | 0.30 |
| SOUTH DAKOTA | 1.92 | 53.25 | 34.83 | 0.40 | 1.78 | 2.90 | 4.00 | 0.00 | 0.12 |
| TENNESSEE | 2.00 | 38.61 | 51.90 | 5.17 | 1.93 | 1.93 | 0.05 | 0.00 | 0.17 |
| TEXAS | 0.12 | 22.00 | 50.10 | 9.00 | 0.90 | 7.00 | 0.53 | 0.07 | 0.40 |
| UTAH | 4.00 | 19.90 | 60.15 | 0.53 | 0.00 | 0.00 | 0.00 | 0.00 | 1.30 |
| VERMONT | 24.34 | 24.90 | 47.30 | 0.00 | 0.28 | 0.00 | 1.02 | 0.00 | 1.90 |
| VIRGINIA | 1.67 | 17.61 | 60.70 | 0.00 | 0.30 | 1.70 | 0.20 | 0.23 | 0.31 |
| WASHINGTON | 0.02 | 15.00 | 62.31 | 9.43 | 2.55 | 1.30 | 0.00 | 0.70 | 0.03 |
| WEST VIRGINIA | 7.27 | 35.02 | 40.05 | 0.96 | 0.02 | 1.00 | 0.00 | 0.30 | 0.24 |
| WISCONSIN | 3.01 | 30.15 | 54.83 | 10.34 | 0.03 | 2.34 | 0.00 | 0.07 | 0.02 |
| WYOMING | 1.30 | 28.40 | 44.43 | 7.00 | 1.00 | 14.00 | 1.50 | 0.31 | 0.00 |
| AMERICAN SAMOA | 0.72 | 60.04 | 0.00 | 30.43 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| GUAM | 11.75 | 10.42 | 50.73 | 12.00 | 0.00 | 0.00 | 0.15 | 0.00 | 0.00 |
| NORTHERN MARIANAS | - | - | - | - | - | - | - | - | - |
| TRUST TERRITORIES | - | - | - | - | - | - | - | - | - |
| VIRGIN ISLANDS | - | - | - | - | - | - | - | - | - |
| BUR. OF INDIAN AFFAIRS | 3.71 | 38.01 | 37.90 | 1.31 | 0.22 | 0.00 | 20.90 | - | 0.00 |
| U.S. & INSULAR AREAS | 2.92 | 25.33 | 55.90 | 10.13 | 1.90 | 2.70 | 0.35 | 0.27 | 0.41 |
| 50 STATES, D.C. & P.R. | 2.91 | 25.32 | 55.92 | 10.13 | 1.91 | 2.70 | 0.34 | 0.27 | 0.41 |

DATA AS OF OCTOBER 1, 1987.

(T4A3)

TABLE 3

Placement Rate for Students with Handicaps in Separate Schools and Residential Facilities



Note: California did not report students in Separate School Facilities but included them with Separate Classes; therefore California is not on this figure.

## PREPARED STATEMENT OF THE NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

### General

School psychology is one of the related services defined and provided for, in the Education of the Handicapped Act (EHA). The National Association of School Psychologists represents more than 20,000 school psychologists providing such services to children in over 15,000 school systems, in both regular and special education settings.

Our experience leaves no doubt that EHA has been effective in opening the doors of public education to many handicapped children who were previously excluded. Furthermore the Act has made parents partners in the educational process of their handicapped children. The Act's discretionary programs have been responsible for many laudatory accomplishments, such as the following:

> helping inform parents of their rights and providing the assistance they have needed to become advocates for their handicapped children.
>
> training special educators and related services personnel, including school psychologists, to better meet the needs of handicapped students.
>
> beginning, through preservice and in-service programs, to sensitize regular educators and administrators to the needs of this population.

Notwithstanding the successes of EHA however, NASP believes that there remain critical concerns not yet addressed in EHA that this Congress has the opportunity to rectify:

> (1) underserved populations, shortages of services, effective utilization of limited services and the evaluation of the effectiveness of special education and related service programs; and
>
> (2) the re-integration of special education and related services into regular education, in order to enhance main-

streaming and reduce the inappropriate "automatic" referral-test-placement procedures that not only are costly to the system but may also unnecessarily stigmatize the children.

## Underserved Populations: SED/BD

Field research and experiential data clearly show that children who are suffering from emotional disturbances and behavior disorders are, as a group, under-identified and are poorly served when they are identified under EHA. They are, as handicapped groups, only 0.6% of the school-age population; yet the Congressional Office of Technology Assessment (OTA) suggested in Children's Mental Health: Problems and Services (1986) that there are many, many more school age children and adolescents in need of service who have the SED/BD handicap. OTA reported estimates that 3% are "seriously mentally disturbed" and in need of service. Other researchers suggest that probably 2% of children need special education and related service because they suffer from this handicap.

The Terminology Study mandated by P. L. 98-199 reviewed the research and state procedures for diagnosing and serving the "seriously emotionally disturbed." Although this report indicated that there were marked differences in the state by state percentages of children identified as SED, no recommendations were made to rectify this inequity. The study further stated that many programs were inadequately serving children with SED, particularly at the secondary school level (lack of adequately trained staff and earlier intervention services); children in rural areas (lack of related service staff); and children who fall under the purview of more than one agency (lack of interagency coordination).

Our specific recommendations follow.

---

## Part C Centers and Services to Meet Special Needs

Prevention remains unaddressed in EHA. Evidence shows that a significant percentage of the incidence of this handicap (SED/BD) could be prevented, obviating the need for and expense of intensive special education services. Prevention and early intervention prior to special education placement are too frequently absent. The findings of the National Adolescent and Child Treatment Study of SED Children (Silver, et al, 1989) showed that children's emotional/behavioral problems are noticed at age 6, but services are not sought until age 8 or 9. The study also reported that 30% of the children studied were hospitalized "at least once" with the median age being 12 years of age. The National Mental Health Association among others believes that earlier interventions including consultation and teacher training would reduce more costly long-term restrictive placements for SED children. School and community-based prevention and early intervention programs for the seriously emotionally disturbed should be supported under the Part C discretionary program of EHA.

Part D Personnel Preparation

EHA was designed to provide appropriate special education and related services to handicapped students within the least restrictive environment. The most recent Congressionally mandated cost study of special education (DRC, in press) showed that some related services are missing in 60% of the school districts in the stratified random sample. While 100% of the districts reported providing at least one related service including "assessment services", school psychological services programs were too frequently absent as a related service. Many rural school districts cannot attract school psychologists or other related service personnel. Urban districts have reported large numbers of unfilled yearlong vacancies. Enrollment in school psychology graduate school programs is down 10% since 1980. There are growing needs for bilingual school psychologists and black school psychologists as our total school population becomes more multicultural. The Office of Civil Rights of the Department of Education reports that nearly 30% of the students labeled SED and mentally retarded are black and yet only about 5% of the school psychologists are black. There is a need to recruit, train, and support more minority graduate students for the profession of school psychology. There are needs to provide innovative supportive incentive grants to rural and urban districts to employ more school psychologists and other related services personnel, e.g. social workers.

There is clear evidence that when comprehensive related services are available within an LEA, handicapped students are more likely to be served in less restrictive programs within their home school (DRC, in press).

NASP Recommends that to begin to address the needs outlined above, Part D Sec 632 be amended ... to provide grants to states, local education agencies, and institutions of higher education...to recruit, train and retain related service personnel with an emphasis upon minority related service personnel and provide incentive grants to states and local education agencies to hire and retain needed special education and related services personnel, as determined by the needs of each State ...

NASP also requests that Congress support the new initiative recommended by the National Alliance of Pupil Service Organizations (NAPSO) in a separate written statement to this Subcommittee, to place an emphasis upon coordinated related services within LEAs and to urge greater interagency service coordination so that handicapped students who come under the jurisdiction of more than one agency are properly served. Specifically, we support adding a new Part I as Sec. 686 of the Act as follows (excerpted from the NAPSO statement):

## FINDINGS AND POLICY

Sec 686 (a) FINDINGS:

(1) A significant number of handicapped children, particulary those who are multiply handicapped and seriously emotionally disturbed are being served in restrictive educational programs;

(2) The related services needs of these children are not being fully met;

(3) There are many handicapped children in special education programs whose program is inadequate because there is a lack of related services available in these programs;

(4) Various agencies serving handicapped students are not providing adequate coordination to these handicapped children and their families.

(b) POLICY--It is therefore the policy of the United States to provide financial assistance to States:

(1) to develop and support within each state education agency a statewide, comprehensive, coordinated, multidisciplinary system which ensures the delivery of related services within local education agencies for handicapped children, youth and their families;

(2) to enhance its capacity to provide quality related services and expand and improve existing related services being provided to handicapped children, youth and their families within local education agencies;

(3) to initiate interagency cooperative relationships between educational agencies, mental health, health and mental retardation agencies, juvenile justice, social service and rehabilitation to facilitate the coordination of services for handicapped children, youth and their families;

(4) the Secretary shall conduct, either directly or by contract, a thorough and continuing evaluation of the effectiveness of the programs assisted under this part. Results of the evaluations shall be analyzed and submitted to the appropriate committees of each House of Congress together with the annual report under Section 618.

(Please note that NASP, a member of the NAPSO group, supports the entire NAPSO statement.)

## Other NASP Recommendations

NASP also urges consideration of amendments to the Act which would accomplish two important objectives:

(1) Outlaw corporal punishments for handicapped students.

(2) Review and revise the costly mechanical triennial reassessment process.

Our proposals are outlined in some detail below.

## Corporal Punishment

In 1986, NASP adopted a policy " ... opposing the use of corporal punishment in the schools and in other institutions where children are cared for or educated."

Pursuant to that policy, the Association advocates (1) the recognition of the consequences of corporal punishment; (2) the understanding of and research into alternatives to corporal punishment; and (3) legislation/regulation prohibiting the continued use of corporal punishment. We also encourage individuals and affiliated organizations at the state level to pursue these goals, particularly the abolition of corporal punishment at state and local levels.

It is time that the Education of the Handicapped Act be fortified with a prohibition against corporal punishment upon beneficiaries of this Act. Appendix A to this statement is our position statement and its supporting paper, which discusses many historical and legal aspects; research on effectiveness; and alternatives.

In terms of corporal punishment and EHA, one need only note that two groups receive corporal punishment at twice the frequency as the general school population: black children and handicapped children. In fact, it is highly likely that a black male handicapped child is 4 or 5 times more likely to receive corporal punishment than the average regular-education student. All of the research says that corporal punishment doesn't work. It has a short-lived impact upon behavior and long-term results in increasing child abuse among those who receive corporal punishment. For these and the other reasons outlined in Appendix A, the Association proposes to amend the Act to prohibit corporal punishment, as follows:

(1) In Section 601(c) of the Act, after "...the rights of handicapped children and their parents or guardians are protected," insert: "to assure that handicapped children are free from corporal punishment."

(2) In Section 613(a) change (4) to (5) and insert a new (4) as follows:

> (4) set forth policies and procedures to assure that no person employed or engaged by an educational institution covered under this Act, whether public or private, shall inflict or cause to be inflicted corporal punishment or bodily pain upon a handicapped pupil attending said institution; provided, however, that any such person may, within the scope of his employment, use and apply such amount of physical restraint as may be reasonable and necessary (a) to protect him/herself, the pupil or others from physical injury; (b) to obtain possession of a weapon or other dangerous object upon the person or within the control of the pupil; (c) to protect property from serious harm; or (d) to provide aversive therapy, and such physical restraint shall not be construed to constitute corporal punishment or bodily pain within the meaning and intent of this subsection. Every resolution, bylaw, rule, ordinance, or other act or authority permitting or authorizing corporal punishment or bodily pain to be inflicted upon a handicapped pupil attending a school, facility, or educational institution receiving funds under this Act shall be void."

## Reevaluation

Although reevaluation *per se* is not mentioned in the Act, Section 612 (5)(C) gives implied authority for the reevaluation process. The exact language is contained within CFR 34, Sec. 300.534 (page 49) and is seen as a protection for children who are placed in special education programs, to reduce the chances of their remaining in these programs unnecessarily. The reevaluation was also designed to evaluate the effectiveness of the special education and related service program provided for each child. However, in operation it is evident that the procedure does not have its proposed effect. It can also be an unnecessary burden upon many handicapped children. Furthermore, assessment costs (DRC, in press) run more than double the average cost of a year of related services such as speech therapy or counseling or psychological services. At $1200 per child, reevaluations are extremely costly and their merit is not proven. Furthermore, the total number of assessments carried out yearly amount to one in every 5 children in school being assessed each year (DRC, in press). Moreover a disproportionately large amount of limited related services staff time is being consumed by this reevaluation requirement.

NASP urges Congress to recommend a Department of Education review of this costly procedure in relation to its intended purposes. Does the reevaluation assessment process actually protect the rights of handicapped children? Are there other more effective methods to protect these handicapped children? Does the annual review of the IEP effectively protect the rights of handicapped children?

NATIONAL
ASSOCIATION OF
SCHOOL
PSYCHOLOGISTS

# Position on Corporal Punishment

As the purpose of the National Association of School Psychologists is to serve the mental health and educational needs of all children and youth; and

The use of corporal punishment as a disciplinary procedure in the schools negatively affects the social, educational, and psychological development of students; and

The use of corporal punishment by educators reinforces the misconception that hitting is an appropriate and effective technique to discipline children; and

Corporal punishment as a disciplinary technique can be easily abused and thereby contribute to the cycle of child abuse; and

School psychologists are legally and ethically bound to protect the students they serve; and

Research indicates that punishment is ineffective in teaching new behaviors, that a variety of positive and effective alternatives are available to maintain school discipline, and that children learn more appropriate problem solving behaviors when provided with the necessary models;

Therefore it is resolved that the National Association of School Psychologists joins other organizations in opposing the use of corporal punishment in the schools and in other institutions where children are cared for or educated;

And will work actively with other organizations to influence public opinion and legislative bodies in recognizing the consequences of corporal punishment, in understanding and researching alternatives to corporal punishment, and in prohibiting the continued use of corporal punishment;

And will encourage state affiliate organizations and individual members to adopt positions opposing corporal punishment, to promote understanding of and research on alternatives to corporal punishment including preventive initiatives, and to support abolition of corporal punishment at state and local levels.

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## National Association of School Psychologists

## Supporting Paper on

## Corporal Punishment Position Statement

Internationally, there is a trend toward abolition of corporal punishment in schools. The United States and Great Britain are the only developed, English speaking countries that continue to sanction this practice. A list of countries and the dates when they abolished corporal punishment is included in Appendix A.

Legal: The primary legal justification for the use of corporal punishment is found in Ingraham v. Wright [430 U.S. 651 (1977)]. The case involved the use of corporal punishment in a Florida Junior High School. When the U.S. Supreme Court agreed to hear the case, it accepted the reports of abuse and injury as accurate and did not challenge the Florida corporal punishment statute. The Court said it would decide the case on two points of constitutionality: (a) Are public school students afforded protection under the Eighth Amendment which prohibits cruel and unusual punishment? and (b) Do public school students have the right to a due process hearing before corporal punishment is administered? On April 19, 1977, by a 5 to 4 vote the U.S. Supreme Court answered "No" to both questions.

With respect to the first question, the Supreme Court historically has held that punishment violates the Eighth Amendment if it is either inhuman or disproportionate to the offense. In the Ingraham case, the Court stated that the Eighth Amendment was restricted to protecting those convicted of crimes. Thus, students accused of minor infractions are not guaranteed the same constitutional rights or protections as convicted felons even though the punishment may be inhumane or disproportionate to the offense.

With respect to the second question, the Court decided that the due process clause of the Fourteenth Amendment was not violated. "It reasoned that even without them (procedural protections urged by NEA before the infliction of corporal punishment), students are given due process because, if the punishment is later found to be unjustified, school officials may be held liable for damages or subject to criminal penalties" (National Education Association, 1983, p. 3). Justice White suggested in his minority opinion that this after-the-fact protection was inadequate because (a) it does "nothing to protect the student from...the risk of reasonable, good faith mistake in school disciplinary process," and (b) "the infliction of physical pain is final and irreparable...." In essence, the Ingraham v. Wright decision said that the use or abuse of corporal punishment is not a Federal offense.

The use of corporal punishment has not been found to significantly reduce school discipline problems nor to promote a positive learning environment for students or teachers. Moreover, its use is often a symptom of frustration, lack of knowledge about effective alternatives, and a generally punitive atmosphere (Farley, 1983). In fact, the availability of corporal punishment may discourage teachers and others from seeking better means of discipline (Hyman & Wise, 1979).

The use of corporal punishment has been associated with a broad range of undesirable consequences which potentially affect students, teachers, families and the community. Corporal punishment in the educational setting may increase anxiety for both recipients and observers, and thus may decrease all students' learning (Bongiovanni, 1979). Additionally, punishment negatively reinforces any behavior which is successful in avoiding or eliminating the punishment. Thus, if the student learns that social withdrawal, truancy, dropping-out, or aggression will decrease the likelihood of punishment, these behaviors may increase (Bongiovanni, 1979).

Corporal punishment also can increase alienation and anxiety as well as retaliation with more aggressive actions (Hyman & McDowell, 1977). Retaliatory aggressive behaviors can be directed toward the source of the punishment, toward others in the environment, or toward inanimate objects (Bongiovanni, 1979). Thus, as a consequence of employing corporal punishment, school personnel must attend to the safety of other students and school property.

Children learn many behaviors through modelling. Thus, corporal punishment not only models violent solutions to problems, but it fails to demonstrate more positive techniques for the student to learn. It does not promote self-discipline and legitimizes violence and aggression as acceptable methods of problem solving by those adults from whom the student is expected to learn. As a result, corporal punishment promotes a form of behavior that is inconsistent with the values of the school, and it may increase the likelihood of violence and aggression as means to solve problems (Bellak & Antell, 1979).

## Alternatives to Corporal Punishment

The intent of this section is not to provide an indepth discussion and explanation of alternative classroom management procedures, but rather to provide examples of important factors which influence school discipline.

(a) Structured daily and weekly activities, often with student input. However, some flexibility is permitted so that it is possible to capitalize on special learning opportunities which may arise.

(b) Clearly specifying rules at the beginnng of the year and revising them as necessary. Students need to understand classroom rules as well as be involved in establishing them. Rules need to be announced, demonstrated, enforced, and routinized. In general, the fewer the rules the better.

(c) Involving students in their educational experiences rather than placing them in the role of passive receiver of knowledge. Students also need to be involved with one another in an interesting learning environment.

(d) Communication should be fostered among students and between students and school personnel so that mutual respect is developed.

(e) Tasks are assigned to individual students at appropriate curricula and developmental levels so that they are sufficiently challenged but not overwhelmed. A wide range of student skills and needs are met within a warm and accepting environment.

(f) Students are made responsible for their actions and for resolving their problems (with assistance as necessary). There is a demand for self-discipline.

(g) Appropriate consequences are provided to accentuate accomplishments so that a positive learning environment is created and maintained. Good behaviors are noted and reinforced. Natural consequences are used to correct negative behaviors when possible.

Various resources and support personnel are available within most schools and communities to help teachers and administrators address discipline and classroom management issues. Professional assistance may be necessary for severely disruptive or violent students.

## Conclusions and Recommendations

There is no medical, social, educational, or psychological evidence that supports the efficacy of maintaining corporal punishment in schools. The practice has not been found to be an effective means of influencing long-term behavioral changes in

## References

American Association of School Administrators. (1980). AASA critical issues report: Student discipline, problems and solutions. Arlington, VA: Author.

American Bar Association. (1985). Resolution of the house of delegates of the American Bar Association. Washington, DC: Author.

Bellak, L., & Antell, M. (1979). An intercultural study of aggressive behaviors on children's playgrounds. In I. Hyman & J. Wise (Eds.), Corporal punishment in American education (pp. 143-154). Philadelphia: Temple University Press.

Berliner, D. C. (1984). The half-full glass: A review of research on teaching. In P. L. Hosford (Ed.), Using what we know about teaching (pp. 51-77). Alexandria, VA: Association for Supervision and Curriculum Development.

Brophy, J.E. (1983). Classroom organization and management. The Elementary School Journal, 83(4), 265-286.

Brophy, J.E. & Good, T.L. (1986). Teacher behavior and student achievement. In M.C. Wittrock (Ed.), Handbook of research on teaching (3rd ed.).(pp. 328-375). New York: Macmillan.

Bongiovani, A.F. (1979). A review of the effects of punishment: Implications for corporal punishment in the schools. In I.Hyman & J. Wise (Eds.), Corporal Punishment in American Education (pp. 351-372). Philadelphia: Temple University Press.

Clark, J., Erdlen, R.J., Jr., & Hyman, I. (1984, April). Analysis of recent corporal punishment cases reported in national newspapers. Paper presented at th annual meeting of the National Association of School Psychologists, Philadelphia, PA.

Doyle, W. (1986). Classroom organization and management. In M.C. Wittrock (Ed.), Handbook of research on teaching (3rd ed.).(pp. 392-431). New York: Macmillan.

Farley, A.C. (1983). National survey of the use and nonuse of corporal punishment as a disciplinary technique within United States public schools. (Doctoral dissertations, Temple University, 1983). Dissertation Abstracts International, 44, 1385.

## APPENDIX

### International Abolition of Corporal Punishment*

| | | | |
|---|---|---|---|
| Greece | Never condoned | Norway | 1936 |
| Iceland | Never condoned | Romania | 1948 |
| Poland | 1783 | Portugal | 1950 |
| Luxembourg | 1845 | Sweden | 1958 |
| Netherlands | 1820s | Cyprus | 1967 |
| Italy | 1860 | Denmark | 1967 |
| Belguim | 1867 | Spain | 1967 |
| Austria | 1870 | Germany | 1970s |
| France | 1881 | Switzerland | 1970s |
| Finland | 1890s | Republic of Ireland | 1982 |
| USSR | 1917 | | |
| Turkey | 1923 | | |

Corporal punishment is also legally prohibited in all Eastern European, Communist bloc countries.

*From: Parents and Teachers Against Violence in Education (1982). Facts and quotes - physical punishment in schools. Danville, CA: Author.

## Appendix

## Alternatives to Corporal Punishment

The National Education Association (1972), Report of the Task Force on Corporal Punishment, suggests this list of techniques for maintaining discipline without using physical pain on students and suggests that the list is far from exhaustive.

### Short-Range Solutions

The first step that must be taken is the elimination of the use of punishment as a means of maintaining discipline. Then, the ideas below can be used as temporary measures to maintain discipline while longer-range programs are being put into effect.

1. Quiet places (corners, small rooms, retreats)
2. Student-teacher agreement on immediate alternatives
3. Teaming of adults-teachers, administrators, aides, volunteers (parents and others)-to take students aside when they are disruptive and listen to them, talk to them, and counsel them until periods of instability subside.
4. Similar services for educators whose stamina is exhausted
5. Social workers, psychologists, and psychiatrists to work on a one-to-one basis with disruptive students or distraught teachers
6. Provision of alternate experiences for students who are bored, turned off, or otherwise unreceptive to particular educational experiences:
    a. independent projects
    b. listening and viewing experiences with technological learning devices
    c. library research
    d. work-study experience

8. Training for teachers in dealing with fear of physical violence
9. Regular opportunities for principals to experience classroom situations.

Long-Range Solutions in Schools

1. Full involvement of students in the decision-making process in the school
2. Curriculum content revision and expansion by students and staff to motivate student interest
3. Teacher in-service programs on new teaching strategies to maintain student interest
4. Alternate programs for students
5. Work-study programs
6. Drop-out-drop-back-in programs
7. Alternative schools within the public school system
8. Early entrance to college
9. Alternatives to formal program during last two years of high school
10. Few enough students per staff member that staff can really get to know students
11. Adequate professional specialists-psychiatrists, psychologists, social workers
12. Aides and technicians to carry out paraprofessional, clerical, and technical duties so that professional staff are free to work directly with students more of the time
13. A wide variety of learning materials and technological devices
14. Full implementation of the Code of Student Rights
15. Full implementation of NEA Resolution 71.12; "Student involvement"-The National Education Association

# APPENDIX

National organizations which have gone on record as opposing corporal punishment.

American Academy of Pediatrics
American Association for Counseling and Development
American Bar Association
American Civil Liberties Union
American Medical Association
American Orthopsychiatric Association
American Psychological Association
American Public Health Association
Association for Humanistic Education
Council for Exceptional Children
Friends Committee on Legislation
Mental Health Association
National Committee for Prevention of Child Abuse
National Association for the Advancement of Colored People
National Association of Social Workers
National Education Association
National Parent Teachers Association
Society for Adolescent Medicine
Unitarian Universalist General Assembly
U.S. Department of Defense Dependents Schools
U.S. Student Association
Young Democrats of America

## PREPARED STATEMENT OF THE AMERICAN FOUNDATION FOR THE BLIND

Good morning Mr. Chairman and members of the Subcommittee:

My name is Scott Marshall and I am the Director of the Governmental Relations Department of the American Foundation for the Blind. The American Foundation for the Blind (AFB), founded in 1921, is a national voluntary research and consulting organization in the field of blindness and visual impairment. AFB's New York headquarters and regional staff are dedicated to monitoring and developing "best practices" and sound public policies in a variety of disciplines including education and rehabilitation of blind and visually-impaired persons. In addition, the AFB publishes numerous books and pamphlets as well as the *Journal of Visual Impairment and Blindness*, an internationally recognized periodical in the field. The AFB also conducts and disseminates social research on blindness and visual impairment, and maintains one of the world's largest collection of literature on these subjects in it's M.C. Migel Memorial Library. The AFB also develops assistive technology for use by blind and visually-impaired people, and markets both high and low technology aids and appliances through its consumer products department.

We are pleased for this opportunity to present our recommendations for the reauthorization of the discretionary programs under the Education of the Handicapped Act (EHA). Attached to our written statement is a copy of our specific statutory language to implement our recommendations. These recommendations were originally furnished to the Subcommittee staff on February 15, 1989. I would like to briefly share with you the rationale for some of our major proposals.

### Part C, Sec. 622: Services to Deaf-Blind Children and Youth

The Reagan FY1990 budget again this year assumed consolidation of programs for deaf-blind children and youth (EHA Sec. 622) and severely handicapped projects (EHA Sec. 624). Of the $19,486,000 assumed in the Reagan budget for Sections 622 and 624, $14,189,000 was actually appropriated for deaf-blind services in FY1989.

President Bush's budget proposal similarly assumes consolidation of these programs, and we understand that the Administration plans to submit legislation to authorize such consolidation. The effect of this change would eliminate the current categorical funding status accorded most services to deaf-blind children and youth authorized by Sec. 622.

We are also concerned about legislative changes made to Sec. 622 pursuant to P.L. 99-457 in 1986. The Secretary of Education was authorized to provide assistance for extended school year demonstration projects for severely handicapped children, including deaf-blind children. Implementing regulations governing this statutory change appeared in the Federal Register at 53 FR 46407 (filed Nov. 21, 1988).

Experience with the 1986 change to Sec. 622 indicates that some severely handicapped grantees, who principally do not serve deaf-blind children have had difficulty locating deaf-blind children to be served by such projects. Such grantees frequently were obliged to contact direct-service providers to deaf-blind persons in order to identify potential project participants. Accordingly, a significant portion of Sec. 622 funds, which Congress intended to be used for deaf-blind children and youth, are actually not being used principally for the intended beneficiaries of such funds.

Accordingly, the American Foundation for the Blind endorses the statutory changes recommended by the National Coalition on Deaf-Blindness. A more detailed discussion of the Coalition's recommendations is contained in the Coalition's statement which will be submitted for the record. In addition, you will hear today from Mr. Roderick Macdonald, President of the American Association of the Deaf-Blind. Mr. Macdonald's personal experience with respect to the effectiveness of several service delivery models, we think, is the most powerful reason why the Coalition's recommendations should be adopted.

## Part D, Sec 631: Training Personnel for Education of the Handicapped

There is a serious shortage of teachers specifically qualified in the education of visually-handicapped children. In order to meet this critical need, we recommend that Sec. 631 should be amended to strengthen the Secretary's authority to support specialized training of personnel in the child's specific disability area, e.g., education of the visually-handicapped. A similar amendment to Sec. 641: Research and Demonstration Projects in Education of Handicapped Children is also recommended. Unfortunately, blind or visually-impaired children are often currently served by teachers who are professionally qualified in another disability area. Such teachers, although well-meaning, lack specific knowledge in such areas as braille and other communications skills which are vital to an appropriate education of a blind or visually-impaired child. In addition, although the current language of Sec. 631 does contemplate support of training for regular educators, we feel that a serious problem exists with respect to the training of regular educators who sometimes fail to appreciate their vital role in the education of a blind or otherwise disabled child. Accordingly, we have recommended additional language in Section 631(b) authorizing the Secretary's support for preservice and inservice training designed to address this problem.

**Part G, Sec. 652: Captioned Films and Education Media for Handicapped Persons**

Video description service enables blind or visually-impaired persons to more fully benefit from television or cinema by providing an audio description of action and other information normally presented visually on a screen. Like captioning for deaf or hearing-impaired persons, video description is designed to provide the missing information which is necessary for full enjoyment and benefit from the television or film media. Accordingly, we have recommended an amendment to Section 652 similar to the current authorization for captioning services. Such an amendment will help to secure continual appropriations for video description service similar to the funding status of captioning for deaf persons.

**Part H, Handicapped Infants and Toddlers, Sec. 672: Definitions**

Young infants and children before the age of five cannot be appropriately tested for vision loss using standard visual acuity measuring techniques (such as an ordinary eye chart). Thus, unless functional vision indicators (such as observations of visual tracking, responses to visual stimulation while at play, etc.) are utilized, vision loss in infants and young children may be overlooked at the most critical time of a child's visual development.

Accordingly, we have recommended amendments to Sec. 672 to include functional vision indicators as part of the assessment for service eligibility under Part H of the EHA. In addition, other suggested amendments to Section 672 are recommended to make it clear that vision assessment and therapy and orientation and mobility are to be included as part of early intervention services, and that such services must be provided by qualified personnel.

Thank you for this opportunity to present some of the major issues which we believe the Subcommittee should consider during the EHA reauthorization process. Please be assured that the AFB's expert programmatic staff will be ready to furnish you with any additional information you might require. I would be happy to answer any questions at this time.

# PREPARED STATEMENT OF THE NATIONAL COALITION ON DEAF-BLINDNESS

The National Coalition on Deaf-Blindness evolved as a result of the growing federal trend away from offering specialized services for persons with deaf-blindness. There appeared to be a serious risk that services for individuals with this low-incidence disability would fall under the umbrella of generic services for individuals with severe handicaps. It was this issue which brought to light the need for a national coalition of persons committed to the continuation of services, and to advocate for on-going federal responsibility for individuals with deaf-blindness.

The current membership is comprised of deaf-blind consumers, family members, professionals in the field of education and rehabilitation, and other concerned citizens. Individual membership is presently at 1100+, representing 46 states and growing. Several national organizations and educational agencies recognized for their commitment to deaf-blind services have joined together to offer leadership in this coalition. Leaders of the following groups have endorsed the need for such a coalition on behalf of their membership:

- American Association of the Deaf-Blind
- American Foundation for the Blind
- Association for the Education and Rehabilitation of the Blind and Visually Impaired
- California Council of the Blind
- Council for Exceptional Children, Division for the Visually Handicapped
- National Association for Parents of the Visually Impaired
- Perkins School for the Blind
- St. Joseph's School for the Blind
- Western Pennsylvania School for Blind Children

## SECTION I

## BACKGROUND

In the mid-1960's, the Rubella epidemic in the United States resulted in the birth of over 20,000 handicapped children, many of whom had multiple sensory impairments. In 1969, the Congress of the United States passed legislation which created Centers and Services for Deaf-Blind Children, under Public Law 91-230 (Title VI; Part C). During the next decade, Regional Centers for the deaf-blind grew and expanded, resulting in the identification of over 5,000 children with deaf-blindness nationwide. Using federal funds as incentive and as "seed" monies, direct services were established in every State in the Nation. Over this same period of time, the Federal funding level increased to a maximum of $16 million, and this level has remained somewhat stable for the past nine (9) years, subject only to Gramm-Rudman-Hollings recisions.

Up until the passage of Public Law 94-142, the Federal funding effort primarily provided basic direct services to the deaf-blind population nationwide, and technical assistance and inservice training to program staff and families. Since the advent of P.L. 94-142, basic services have been largely provided by States and local educational authorities. During this transition period Title VI-C funds continued to provide supplementary direct services to the identified deaf-blind population in this country. Such needed services included: the improving of instructional ratios above State mandatory education requirements; the hiring of consultants for programs who have specific skill contributions, such as vision training, language specialists, extended day programs, mobility training, and clinical therapies; the provision of emergency respite care services; the expansion of vocational training; and the implementation of creative transitional services for the "aging out" population as they prepare for adulthood.

Since October 1986, the United States Department of Education/Special Education Programs has stipulated that no funds allocated to single State or Multi-State Centers may be used for direct service to the "school-age" deaf-blind population in each State, and that all funds must be used for either direct services to non-mandated age groups or technical assistance to States. In other words, the direct services which were allowed permissively by P.L. 98-199 are being regarded as superfluous, and are therefore being disallowed by the Office of Special Education Programs.

In addition, over the past nine or ten years, the Department of Education has been putting an ever-increasing percentage of Section 622 funds into research and demonstration projects for the severely handicapped population, to include the deaf-blind. About 42% ($6.4M) of the ($14.98M) funds appropriated under Section 622 were used for this purpose, based on OSERS' own data for FY 1986 and 1987, as submitted to the Appropriations Committee in February 1988. This same report showed that these $6.4M allocated for model projects served a total of 408 children with deaf-blindness of the 5200+ identified in the nation. Therefore, these $6.4M affected directly the lives of only 7.8% of the eligible total deaf-blind population.

The net result of this system is that the nation's increasing number of children and youth with deaf-blindness (currently 5200+) have an ever-decreasing pool of funding being set aside for their services, in spite of the fact that Congress has generously kept the deaf-blind budget level-funded for the past several years. It is essential that the funding which Congress intends to serve children with deaf-blindness actually reaches such children, and is not directed to other populations via administrative maneuvering.

The Department of Education sent to the House and Senate for consideration on April 22, 1988 a bill proposing the merging of deaf-blind and severely handicapped services into a single authorization and a single appropriation. Passage of such a bill would have disastrous consequences for children with deaf-blindness in this country. President Reagan in his 1990 proposed budget request to Congress again requested the merging of deaf-blind and severely handicapped services, and indicated that the Department of Education would soon be requesting authorization for this action.

## SECTION II

## CURRENT ISSUES

1. The Department of Education's proposed bill requesting the merging of deaf-blind and severely handicapped services must be rejected. Children and youth with deaf-blindness have both a hearing and vision loss, as well as varying degrees of cognitive abilities and limitations, emotional and social difficulties, and other physical disabilities. Some organizations, such as The Association for Persons with Severe Handicaps (TASH) have argued that all children and youth with deaf-blindness are severely handicapped, and should therefore be served within programs utilizing strategies for educating children with severe handicaps. The Office of Special Education and Rehabilitation Services has supported this philosophy, by its stance that specific funding for children with deaf-blindness should be greatly reduced and ultimately eliminated, and by its continued posture of funding projects for children and youth with severe handicaps which include children and youth with deaf-blindness. In fact, OSERS staff have publicly stated that it is their intent to phase out centers and services for children with deaf-blindness and to only fund model projects. The proposed merger bill is

another step in the continued efforts by OSERS to eliminate specific deaf-blind funding.

In order to understand the dangers in this simplistic thinking, it is necessary to view some facts:

a) Children and youth with deaf-blindness are not always severely retarded or severely handicapped. In fact, in one six-state region, data reveals that over 30% of the population functions at a moderately retarded level or higher. To serve children from a moderately retarded to above normal level of intelligence within programs for the severely/profoundly retarded would be educationally unsound, as inappropriate as placing children who have no disabilities in programs for students who have mental retardation. Due to the impact of sensory deprivation on the attainment of early developmental milestones (reaching, crawling, walking) a professional who is unskilled in the education of children with sensory impairments would mislabel such children as mentally retarded, a label which once applied can result in lower expectations and inappropriate program placement.

b) Children and youth with deaf-blindness require educational options which offer specialized communication environments, rich in language development modes and techniques for the sensory-impaired. Lane (1987) points out: "Twelve years ago Congress passed the 'Education for All Handicapped Children Act', which has led to the growing integration of deaf children with hearing children in local public schools... yet the attempt to educate deaf children with teaching methods appropriate for hearing children has repeatedly proved a failure. In a classroom where spoken and written English are the basic means of communication, deaf children are baffled and withdrawn, since eight out of ten became deaf before they could learn English at home." If such is true for children with deafness, it is at least equally true for children with deaf-blindness. Expertise in American Sign Language, symbol systems, augmentative techniques, braille, travel skills, and technology, are critical educational components for children with deaf-blindness.

c) Children and youth with deaf-blindness require intense staff:student ratios. Most children with deaf-blindness, especially during their early years of school, require a staff person virtually 1:1, if they are to be engaged in purposeful learning activity. Their dual sensory impairment creates the need for such intensive teaching. An overwhelming body of literature supports this view. Many states around the nation have standards for classrooms serving children with severe handicaps of 1 teacher to every 6-15 students. Children with deaf-blindness cannot possibly be receiving an appropriate education in such settings, despite the mandates of P.L. 94-142. Unfortunately, due process litigation is expensive and time-consuming for families, and does not always result in a needed change of placement.

d) Children and youth with deaf-blindness require teachers who are trained in both sensory impairments. Knowledge of the effects of hearing and vision loss, and their educational implications, is necessary if one is to avoid inappropriate and ineffective teaching strategies. Ten years ago, O.S.E.R.S. funded at least 7 programs to train teachers specifically to work with the deaf-blind population. Today, only two of these programs still receive federal funding.

Most classrooms serving children with severe handicaps are staffed by teachers who have no specialized training in any aspect of sensory disabilities. Most of these teachers are specialists in general special education or education of students with severe mental retardation but lack the educational training and competencies required to design effective educational plans for children who have both vision and hearing impairments.

In summary, the Office of Education is correct in its posture that children with deaf-blindness are not being denied access to a public education, as prescribed by P.L. 94-142. However, the Office of Education is very incorrect in its assumption that the requirements of an appropriate education are being met, and in its contention that all children and youth with deaf-blindness can receive appropriate services designed for children and youth with severe handicaps. Separate federal funding for the deaf-blind population is necessary if inappropriate placements and services are to be avoided. Otherwise, the availability of trained personnel, specialized programs and intensive services will vary greatly across the States, in accordance with individual state mandates and regulations.

2. Direct services to the deaf-blind population are still needed. The deaf-blind population of children, contrary to popular myth, is not dwindling now that the Rubella epidemic population has reached adulthood. In fact, with improved clinical diagnosis, case finding and infant services, the identified population is slightly increasing. In her testimony before the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies on February 24, 1987, Assistant Secretary Madeline Will stated that there are now 4,676 children with deaf-blindness, an increase of 5.5% from the previous year. Indeed, Mrs. Will indicated that according to a study completed by The Association of Persons with Severe Handicaps (TASH), up to 5,600 children and youth may be deaf-blind in the U.S.

Although the incidence of maternal rubella syndrome has greatly declined, the incidence of children being born with deaf-blindness is remaining constant. Etiologies have changed but the need for specialized services to meet the unique needs of children with deaf-blindness has not changed significantly. The data on the deaf-blind population nationally shows a stable incidence rate. The National Registry for children with deaf-blindness and youth tabulated by Teaching Research of Oregon indicated in 1988 that there is a total of 5,287 identified children with deaf-blindness.

The cost of direct services can range from $15,000 to over $50,000 per capita annually. These costs are obviously substantial costs for local communities or individual States to incorporate into their Special Education budgets. The flexibility of using section 622 funds to add to the local community's contribution had made the financial burden more tolerable for these communities. It should be noted that the United States government funding level accounts for not more than $2800 per child nationally, an extremely small portion of the total direct service costs. It has been stated by the United States Department of Education that there should be no Federal role in the providing of direct services to a school-aged population, since all States have reasonable comprehensive mandatory special education laws which require free, appropriate public education. In theory, this point seems to be valid, inasmuch as these State laws do exist. However, in practice, the quality of services to the deaf-blind population continues to be adversely affected, for the following reasons:

a) Unlike the Federal effort, many States do not have legislation or funding which recognize the unique needs of the deaf-blind population, per se. Consequently, these students do not become identified as deaf-blind or their special needs go unidentified and/or unmet.

b) There are variations in States' mandatory special education laws, ranging from a requirement of minimally adequate services to the student's right to a program where he or she can progress to the maximum extent. Consequently, services to children with deaf-blindness in some States are only minimally adequate. To quote from a Brookings Institution Study: "The federal government should take the lead in special ed funding because local school districts and state education departments are unable or unwilling to do so."

In recent years, section 622 funds have been used to provide creative and innovative direct service to the population including vocational programming, supported employment, transitional services, total life planning, training for community living, respite care, infant services, summer programs and recreational services. These are not basic or core educational services which local communities always provide comprehensively under a traditional Individual Education Plan. They are frequently supplemental to the typical school program, but essential to deaf-blind individuals. It is our contention that funds for direct services for students with deaf-blindness need to continue for the above reasons. The Federal role in direct service provision to the population is a small but extremely important component in assuring children with deaf-blindness quality and comprehensive educational services.

3. The funding of model/demonstration projects reaches only a small fraction of the deaf-blind population for which it is intended.
Since about 1979, the U.S. Office of Education has been continually increasing the total percentage of section 622 funds which are used for the funding of model/demonstration projects. Funds for children with deaf-blindness are

co-mingled with funds for children with severe handicaps, and model projects are funded which serve both populations.

In 1986, less than 10% of the deaf-blind population were served by the joint projects. The authors reviewed the abstracts of all the model projects which had funding commitments for 1987 from Projects Serving Children and Youth with Deaf-Blindness or Other Severe Handicaps and Clearinghouse Projects, Project Abstracts, Severely Handicapped Branch, Office of Special Education Programs, June 1988. The project abstracts did not provide adequate documentation to accurately count the number of children with deaf-blindness being served within these joint projects. In fact, only two of the 124 projects listed exact numbers of children with deaf-blindness served within projects for the severely handicapped (including children with deaf-blindness and youth). One project listed 17 children with deaf-blindness served out of a total of 96 and the other project listed 11 children with deaf-blindness served out of a total of 208. There are 75 projects listed as serving severely handicapped children and youth, 30 projects listed as serving children with deaf-blindness and youth and 17 projects that were listed as serving severely handicapped (including deaf-blind) children and youth.

The statistics are curious when deaf-blind funding is allocated at $15M annually and severely handicapped funding is allocated at $5M annually. It is our contention that many severely handicapped projects are funded with deaf-blind monies and that of the potentially available $15M for children with deaf-blindness, over 33% of the $15M is being diverted into such demonstration projects with inadequate controls on the representation of children with deaf-blindness within these projects.

It is also our contention that the original authorization (Title VI-C) and later reauthorizations (Section 622) have all occurred with the intent that funds be appropriated to serve deaf-blind individuals. Such redirection of the use of this funding, seems to be in conflict with the intent of Congressional action. Needed authorizations for other children and youth with severe handicaps are not disputed, but should not be funded by redirection away from Centers and Services for deaf-blind children.

The combination of deaf-blind funding with severely handicapped funding to support joint projects results in a lessening of the effect of deaf-blind funding on children with deaf-blindness. A project might have two children with deaf-blindness and twenty other children with severe handicaps to serve, and receive a substantial grant which is primarily funded from deaf-blind funds. This combination of severe and deaf-blind funding also makes it more difficult for the public to track the total usage of the funds which are appropriated for the deaf-blind population.

4. The current emphasis on funding only technical assistance activity is a precursor to the elimination of the deaf-blind program.

As stated earlier, the U.S. Office of Education is not allowing funds to be used for direct services to children unless they are below or over school age. Any funds which are not used for model projects are awarded to single or multi-state centers for the deaf-blind, with the stipulation that the funds be used for inservice training and technical assistance to states and programs. Indeed, it is very difficult to spend hundreds of thousands of dollars on training activities for staff. This is especially difficult to do when there are severe direct service needs of the population, for which funding is denied. It is our concern that the inability to spend all of the technical assistance funds will be put forth as one more argument to cut back on and eventually eliminate deaf-blind funding. This concern is reinforced by the Administration's attempt in the past to cut the program back to $9 million, a move which, fortunately, Congress opposed.

## SECTION III

## RECOMMENDATIONS FOR CHANGE IN LEGISLATION

The National Coalition on Deaf-Blindness strongly recommends that the following changes be made in the Reauthorization of the Education of the Handicapped Act:

### 1. DEFINITION OF DEAF-BLINDNESS

Re-insert the definition of deaf-blindness to re-clarify that deaf-blindness is a discreet handicapping condition and that children with deaf-blindness require specialized educational services due to their sensory impairments.

### 2. DIRECT SERVICES RE-INSTATED

Re-state that the law explicitly allows funding for direct services; describing in detail the kinds of services appropriate for funding. There are variations in States' mandatory special education laws, ranging from a law that requires minimally adequate services to a law that asserts the student's right to a program where he or she can progress to the maximum extent. Consequently, services to children with deaf-blindness are only minimally adequate in some states.

### 3. SINGLE AND MULTI-STATE CENTERS

Specify that seventy percent (70%) of the funding be directed to single and multi-state centers for children with deaf-blindness to enable these centers to provide services to the educational programs that serve children with deaf-blindness. This funding must reach programs that serve children rather than be directed to universities whose connection to these children is indirect at best.

4. FUNDING SPECIFIC TO DEAF-BLIND POPULATION

Delete Section (f) regarding section 624(a) so that 622 funds can not be used for 624(a) activities. Funds targeted for children and youth with deaf-blindness should be restricted to that population.

5. FULL RANGE OF PROGRAM OPTIONS

Add language that specifies that all children and youth with deaf-blindness are eligible for services and assistance and that this eligibility is not dependent upon the child receiving educational services in a particular kind of program option. Children and youth with deaf-blindness have the right to free access to a wide range of educational placement options.

6. ESTABLISH NATIONAL ADVISORY COMMITTEE

Add language that requires the Secretary to establish a National Advisory Committee on Programs and Services for Children and Youth with Deaf-Blindness. The Committee should be comprised of persons who have deaf-blindness, parents and families, coordinators of single and multi-state projects, public and private school representatives, coordinators of demonstration projects, and representatives of national organizations such as the Helen Keller National Center, the American Foundation for the Blind, and the National Coalition on Deaf-Blindness.

7. ELIMINATE DUPLICITY OF SERVICES

Eliminate a general education Technical Assistance National project because it duplicates multi-state and single state efforts. Attach the responsibility for a national consultative resource to the National Information Center on Deaf-Blindness.

8. FUNDING DISTRIBUTED NATIONWIDE

Specify that funding be directed to every region/state in the country.

9. TECHNICAL ASSISTANCE

Broadening the age range of eligibility for those students benefiting from technical assistance to include a students later school years and during entry into adult services.

## 10. EXTENDED SCHOOL YEAR

Delete reference to extended school year services, since they have already been listed as needed in paragraph (3)(c).

We will gladly provide additional information or data as needed, and we will make ourselves available to you as you deem necessary.

We thank you for your time and attention. Your support for the future of programs for children with deaf-blindness, throughout our country, is greatly appreciated. We hope that through these efforts we can together restore a national commitment to effectively meet the needs of children with deaf-blindness and their families.

## PREPARED STATEMENT OF THE NATIONAL EDUCATION ASSOCIATION

Mr. Chairman and Members of the Committee:

The National Education Association represents 1.9 million professional and support employees in public elementary, secondary, vocational, and postsecondary schools throughout the nation. We appreciate the opportunity to present our views on the reauthorization of state discretionary programs under the Education of the Handicapped Act.

NEA views the education of the handicapped as a moral, social, and economic necessity. There is no question that great strides have been made in recent years toward providing appropriate educational opportunities to America's handicapped students and that these efforts have resulted in far-reaching benefits to our nation.

Since its enactment in 1975, the programs established by the Education for All Handicapped Children Act, P.L. 94-142, have helped ensure that all students, regardless of handicapping condition, have an opportunity to grow to their fullest potential and acquire the knowledge and skills necessary to become contributing members of our society.

NEA has long supported policies at the national, state, and local school district level that would ensure an adequate, free, and appropriate education for all students. We support the idea that programs to serve handicapped students should be developed through cooperative efforts of teachers, administrators, and parents. And we believe these programs should be provided in an environment that is, to the greatest extent possible, free of restrictions while maximizing opportunities for meaningful learning.

The state discretionary grant programs being considered for reauthorization are designed to assist and encourage the improvement of direct services provided under the state formula grant program. NEA believes that the programs funded under these state discretionary grants are a vital element in the success of educational services to handicapped children and youth and should be extended and enhanced.

These state discretionary grant programs — Deaf-Blind Projects, Severely Handicapped Projects, Early Childhood Education, Secondary and Transitional Services, Postsecondary Programs, Innovation and Development, Media and Captioning Services, Special Education Technology, Special Studies, Special Education Personnel Development, Recruitment and Information Clearinghouses, Regional Resource Centers — make an important contribution to the ability of state and local education agencies to meet the varied needs of handicapped students. For the most part, they do not require major design changes to be effective. It is important, however, that all are provided sufficient funds to carry out their objectives. Federally funded state discretionary programs provide access to resources, equipment, and effective teaching methods that students and teachers would not otherwise have.

One area of direct and vital concern to students served in special education programs across the nation is personnel development. In 1986, the Report of the Committee on Education and Labor which accompanied the Education of the Handicapped Amendments of 1986, H.R. 5520, warned that "shortages of qualified personnel in the provision of special education and related services to handicapped children are reaching crisis proportions." It is evident that the crisis has now arrived.

According to the U.S. Department of Education, the demand for qualified special education teachers increased markedly between 1983-85, and there are indications that the demand continues to grow. But at the same time, there has been an expanding gap between the need and the supply. In 1983-84, the national shortage of qualified special education teachers was more than 17,000 or 6.5 percent; in 1985-86, the shortage was more than 27,000 or 8.6 percent. The shortage may actually be worse, because 1)several states failed to report any personnel needs, and 2) these figures may inadequately represent the number of persons practicing in special education who do not meet state standards. As many as one-third of all persons covering special education classes do not meet state current certification requirements.

Certainly, the national shortage of qualified teachers is a problem that cuts across all educational classes and academic disciplines. But, given the discrete skills necessary to be effective in education programs for handicapped students, it is a serious problem that requires significant federal attention and resources.

In addition, a recent report by the Council for Exceptional Children (CEC), et al., documents an acute shortage of qualified minority special education teachers. In 1980, some 12.5 percent of the nation's teaching force in public elementary and secondary schools were members of a minority group, while minorities represented 21.3 percent of the general population. Rather than growing in representation, minority teachers, especially Blacks, are diminishing in number and as a proportion of all public school teachers. Projections are that by 1990, the teaching force will be barely 5 percent minority while fully one-third of the students in public schools will be minority children.

The report, "A Free Appropriate Education: But Who Will Provide It?," prepared by the Council for Exceptional Children and others, concludes that increasingly, the lack of qualified special education professionals has caused school districts to employ persons to fill special education positions with inadequate preparation, to increase class size beyond the capability of providing appropriate education, and to constrain placement and programmatic decisions to meet available personnel resources rather than child needs.

A number of recommendations cited in the CEC report should be addressed in the current reauthorization. In particular, NEA believes the federal government must:

o Help in efforts to recruit persons for careers in special education, with particular attention to ethnic and racial minority populations and persons with disabilities;

o Increase financial support available to postsecondary students, including those preparing for professions in special education;

o Support research into developing better knowledge about how to prepare personnel for special education careers; and

o Provide resources for continuing education opportunities for special education personnel.

In addition to the issues of teacher supply and quality, NEA recommends that Congress take steps to ensure that local school districts have the resources to reduce class size commensurate with the responsibility of providing appropriate educational services to handicapped students. Moreover, to maximize the time teachers have to teach and students have to learn, administration and procedures for these programs should be simplified, and paperwork should be reduced.

NEA strongly supports the effective involvement of parents and teachers in the determination of placement for handicapped children. The individual educational plans — worked out with parents, teachers, and administrators — have proven to be an effective way to meet the unique needs of students served in these programs. However, we support the right, without fear of reprisal, of a teacher or related service employee to refer for diagnosis a student thought to be in need of special education services. While anti-retaliation language is in the conference report accompanying the Education of the Handicapped Amendments of 1986, teachers and other appropriate personnel need the protection of statutory provisions so they may perform their responsibilities adequately. When necessary, teachers should have the right to appeal placement decisions with a procedure for prompt resolution.

No need is quite so pressing for a family, a community, or a school seeking to cope with the daunting responsibility of meeting the needs of a handicapped child or adult as that for accurate and timely information. The three clearinghouses authorized by Part D of the Act have made a unique contribution by compiling and providing this essential information rapidly to those who need it. Precisely because they have been so successful, the demand for clearinghouse services is growing, while their funding has actually decreased. An increase in the authorized funding levels for clearinghouses is overdue, and would reap real benefits for the handicapped community and those who serve them.

Finally, we urge the Committee to set authorization levels that will provide state and local governments with substantive assistance in their efforts to help all students reach their highest potential. Public schools have undergone a devastating erosion of resources for handicapped education state grants over the past eight years. The final FY81 appropriations level for the handicapped education was $1.609 billion, including $1.44 billion for state grants; in FY89 the total amount provided for handicapped education was $1.961 billion, including $1.475 billion for state grants. After adjusting for inflation, handicapped education state grants in FY89 are some $900 million below what it would cost to provide the same level of services as in FY81. As a result, the share of the excess costs of these programs mandated by the federal government has fallen from 12 percent to 7 percent. Congress must take immediate steps to reverse this trend. NEA has long supported 100 percent federal funding for federally mandated education service. Moreover, the responsibility for financing traditional education services must remain within the public schools and related public agencies, rather than shifted to private health care providers.

We commend the Committee for its work on the design of these programs. But without adequate federal resources to help state and local education agencies meet the full range of handicapped education services, Congress cannot say it has fulfilled its responsibility. Since 1975, when the Education of Handicapped Children was enacted, our nation has seen dramatic progress in the actualization of handicapped persons and their full integration into our schools and our society. We must continue this progress.

## PREPARED STATEMENT OF THE AMERICAN ASSOCIATION OF THE DEAF-BLIND, INC.
## RODERICK J. MACDONALD, PRESIDENT

**Mr. Chairman:**

I am Roderick Macdonald, president of the American Association of the Deaf-Blind (AADB). AADB is the only national consumer organization of deaf-blind persons. Our mailing list consists of about two thousand people, approximately five hundred of whom are themselves deaf-blind. Our annual comventions afford an opportunity for deaf-blind persons, their families, and friends to meet and to discuss critical issues which affect us.

I wish to offer testimony today regarding section 622 of the Education of the Handicapped Act, Centers and Services for Deaf-Blind Children. Due to the time constraints of this hearing I will be brief, and therefore Mr. Michael Collins, Mr. Scott Marshall, and I have prepared more detailed written testimony, which we are submitting on behalf of the National Coalition on Deaf-Blindness. I will therefore address only the major points for which we are advocating.

- The Department of Education is proposing that the deaf-blind and severely handicapped programs be merged, arguing that the two populations are similar. This proposal must categorically be rejected. Deaf-blindness presents unique educational needs, and deaf-blind children should not be educated with an assumption that their needs are identical to those of a severely retarded child. Services for the deaf-blind need to exist in their own right.

- In recent years, the Department of Education has not allowed direct services to most deaf-blind children with section 622 funds, indicating to Congress that such services no longer need to be funded under this section. Instead, technical assistance activities have been prioritized. The Coalition wishes to state that such direct services are still needed. There are over 5,000 identified deaf-blind children in the nation who need educational programs and services. The Coalition is requesting that this legislation contain specific statements which direct that those funds can be used for the provision of direct services to deaf-blind children, and especially to fund direct services which are not mandated under a student's I.E.P.

- The funding of model-demonstration projects under section 622 in past years has resulted in very few deaf-blind persons having their lives directly effected by such projects. It is estimated that fewer than 10% of the deaf-blind children in the United States have received any kinds of service directly from such projects. While the Coalition wishes to recognize the need for research and demonstration projects, we do not feel that such projects should be the prevailing emphasis nationally. We are therefore requesting the Committee to assure that at least 70% of the funding under section 622 be directed to the single and multi-state centers for deaf-blind children. Historically, these centers have a record of assuring that funding reaches children and effects their lives.

- In the 1986 revisions of this act, the Department of Education requested and was granted a clause which stipulates that section 622 (deaf-blind) funds can be used to fund section 624 (severely handicapped) activities. This action was taken without the knowledge or input of the greater community of persons concerned with deaf-blindness. The Coalition is requesting that this clause be eliminated from the current revisions, so as to assure that deaf-blind services remain targeted upon the deaf-blind population.

- In recent years, many of the projects funded under this authority have been prioritized by the Department of Education so as to benefit only children served in "least restrictive environments". Least restrictive environment is interpreted to mean children served in the mainstream, both by Department officials and many readers of proposals. The Coalition wishes to object to the extreme emphasis upon L R E which has been imposed upon the deaf-blind population in recent years. We believe that each child should be served in the environment which is most appropriate and most enabling for him or her, is the spirit of P. L. 94-142. The Coalition is requesting that language be added to his act which specifies that all deaf-blind children are equally eligible for assistance under this act, regardless of the program placement in which they happen to be served.

- The Coalition is concerned that bureaucratic priority-setting has resulted in significant alterations in the way the deaf-blind program has been administered, sometimes without clear congressional intent, and usually without consumer input. The Coalition is requesting that a National Advisory Committee of consumers and professionals be established for this program, in order to assure that it stays on course in the future.

Mr. Chairman, as mentioned earlier, these are only the highlights of our concerns. Our detailed recommendations are available to you in writing. Thank you for your interest and attention to the needs of deaf-blind people, Michael Collins, co-chairman of the National Coalition, and I are prepared to address any questions which you might have.

**Senator Harkin.** Thank you all very much, this panel and previous panels on the reauthorization of discretionary programs. I appreciate the effort that you made to make your comments succinct. Your statement will be made a part of the record in their entirety. As you know, the door is always open for on-going discussions, input, recommendations from any and all of you here to let us know what your best thinking is as we move ahead to reauthorize these programs.

The subcommittee will stand adjourned.

[Whereupon, at 12:45 p.m., the subcommittee adjourned.]

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